

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary E. Atwell -

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month Oct	Day 29	Years 69	Months 3	Days
Sex	Female	Color or Race	White -		Birth-place	Virginia
Occupation	Dowmster		Where Residing if not at place of death		Arlington	
Married, Single or Widowed	Name of Wife or Husband		Joseph E Abbott		Virginia	
Father's Name	Newton		Father's Birthplace		Virginia	
Mother's Maiden Name	Hawley		Mother's Birthplace		-	
Name of person giving information	Carlton Wheeler		How related to deceased		Son-in-law	

CAUSES OF DEATH

66

How long

3 yrs

How long

2 Weeks

Primary

Paralysis & Paresis

Immediate

Heart & Lung Disease

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. D. Wells

Park Heights Ave
Maryland

Accident or Suicide?

July 16 1839

Name
in
Full

Unnamed child - still born of
Chas. A. and Elizabeth Albrecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Year

Month

Days

Lauraville

Baltimore

1908 October

22nd

Age

-

-

Sax

Male

Color or
Race

white

Birth-
place

Lauraville

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Chas. A. Albrecht

Father's
Birthplace

Baltimore, Md.

Mother's
Maiden Name

Mary. Elizabeth Barbour

Mother's
Birthplace

Baltimore, Md.

Name of person giving
Information

Chas. A. Albrecht

How related
to deceased

Father

CAUSES OF DEATH

Primary

Protracted Labour

How long

How long

Immediate

narrow osis

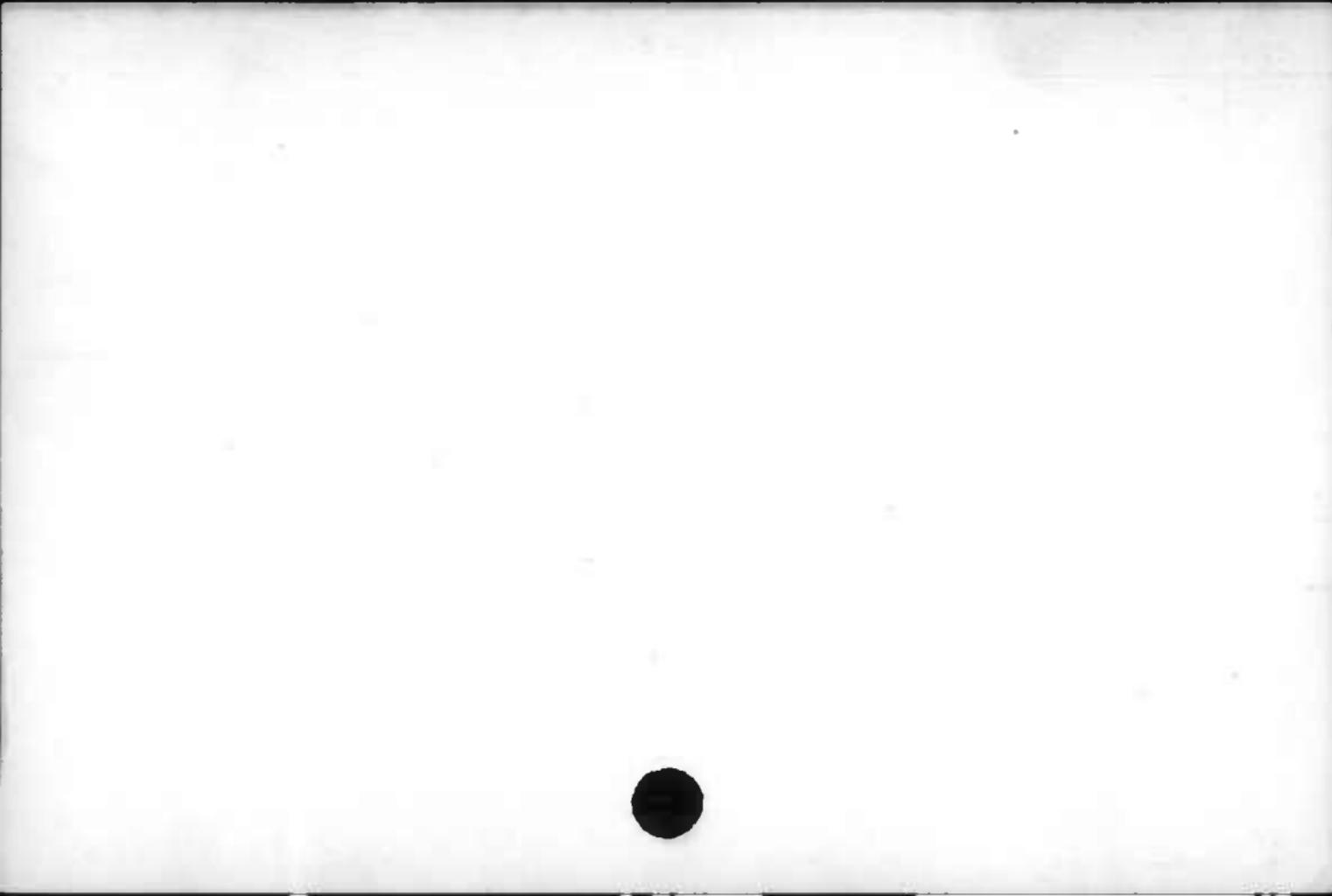
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John Sonerella
1501 E. Bay St.
Balto City

Accident or Suicide



Name Arnold, Emma Died at Leetonsville Town County Pocatello				MARYLAND	
Date of death 1908	Month Oct	Day 8	Age 37 Years	Months	Days
Sex Female	Color or Race white		Birth-place Maryland		
Occupation Nur	Where Residing if not at place of death x				
Married, Single or Widowed Single	Name of Wife or Husband -		Father's Birthplace Maryland		
Father's Name John W. Arnold					
Mother's Maiden Name unk	Mother's Birthplace unk				
Name of person giving information -	How related to deceased -				

CAUSES OF DEATH

27

How long

10yr

How long

6 mos.

Primary

Dementia

Immediate

Pulmonary Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

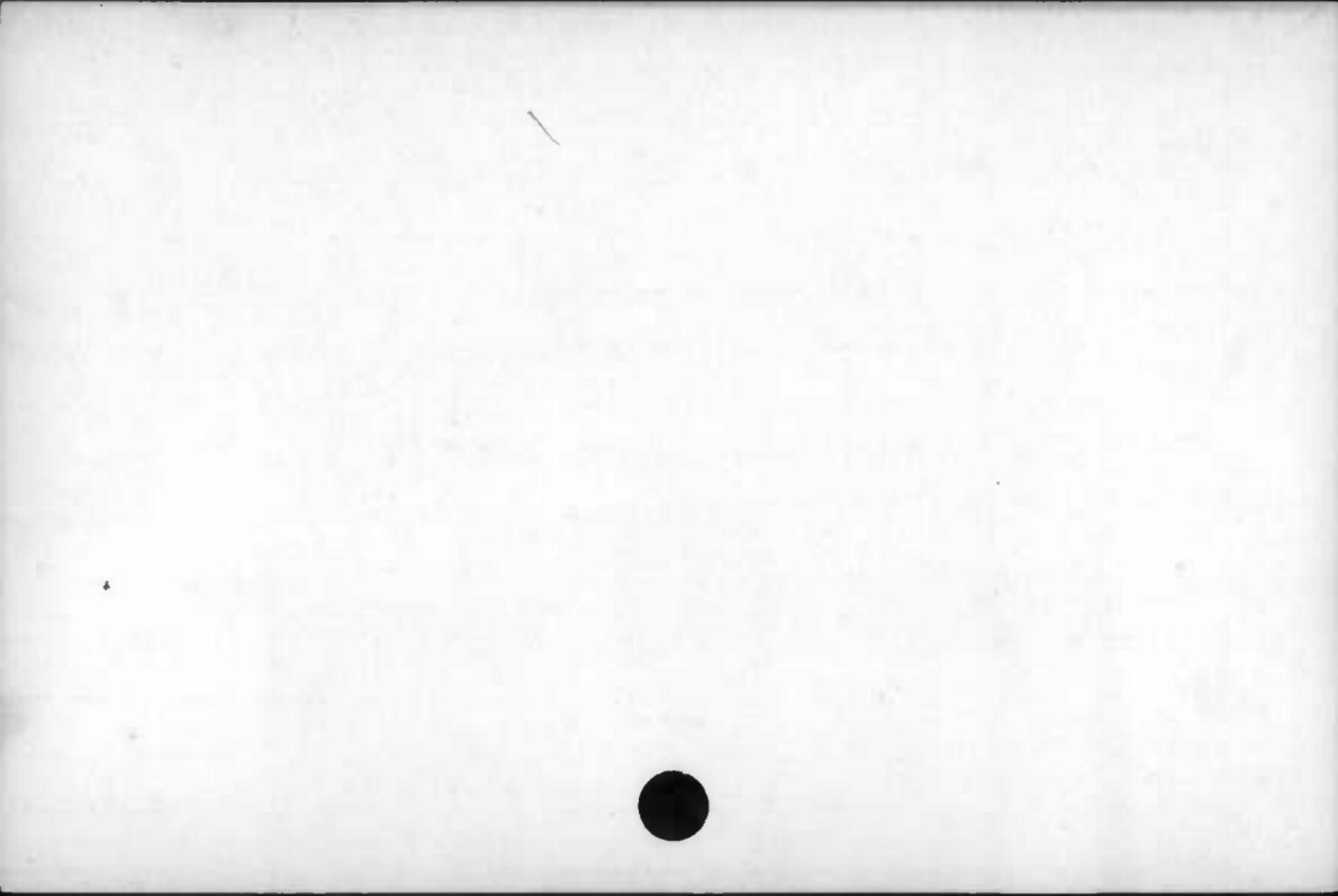
Signature of Physician

Daisy Neele
Leetonsville Ind

Address

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sydnor Bailey

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month 10	Day 22	Years 64	Months	Days
Sex	Male	Color or Race	White	Birth-place	Va.	
Occupation	Salesman			Where Residing if not at place of death	Pikesville	
Married, Single or Widowed	Married	Name of Wife or Husband	Do not Know			
Father's Name	Do not Know			Father's Birthplace	Do not Know	
Mother's Maiden Name	Do not Know			Mother's Birthplace	Do not Know	
Name of person giving Information	H. H. Mathews			How related to deceased	None	

CAUSES OF DEATH

64

How long

1 week

How long

" "

Primary

Apoplexy.

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. H. Mathews
Pikesville Md

Accident or Suicide?

Name
in
Full

Henriah W. Banks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Calversville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>12</u>	Age <u>62</u> Years	Months <u>7</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>			
Occupation <u>Laundress</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Never</u>	Name of Wife or Husband <u>Peter Banks</u>				
Father's Name <u>Lewis Gray</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Henriette Harris</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Charles Banks</u>	How related to deceased <u>Son</u>				
CAUSES OF DEATH					
Primary	<u>Pulmonary Tuberculosis</u>				
Immediate	<u>Exhaustion</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long <u>about 40 years</u>	
				How long	

27

Accident or Suicide?

Frederick L. Taberdyke,
Coroner.

1st District Calversville



Name
in
Full

Thos. H. Bayless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Highland town

County
Balto.

MARYLAND

Date of death 1908 Month Oct. Day 21 Age 66 Year — Month — Day —

Sex M.

Color or Race

W.

Birthplace

Balto. Md.

Occupation

Matchman

Where Reiding if not
at place of death

921 Boulders St.

Married, Single
or Widowed

Name of Wife or
Husband

Mary Katherine Staskoff

Father's Name

Thos. Bayless

Father's
Birthplace

Balto. Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

" "

Name of person giving
information

Jas. Bayless

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

64

How long

4 days

Immediate

Encephalitis & chills

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. M. Night
Canton & Dillon Sts.

PHYSICIAN
OR CORONER

Accident or Suicide

Wendell Dippell & Son,

Wendell & Sons

Holy Redeemer Cemetery.

Oct. 24 /08.

Name
in
Full

Annie M. C. Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Highlandtown		Baltimore				
Date of death	1908	Month 10	Day 3	Years 39	Months 6	Days 13
Sex	Female	Color or Race	White	Birth-place	Baltimore.	
Occupation	None	Where Reading if not at place of death			39 1/2	Eastern ave
Married, Single or Widowed	Married	Name of Wife or Husband	Chas. Becker			
Father's Name	Henry Lammers	Father's Birthplace			Germany	
Mother's Maiden Name	Wilhelmina Lang	Mother's Birthplace			", "	
Name of person giving Information	Chas. Becker	How related to deceased			Husband	

CAUSES OF DEATH

43

Primary

Carcinoma - of breast.

How long

6 months.

Immediate

Cardiac asthma

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Williamson M.D.
619 S. Clinton St. -

PHYSICIAN
OR CORONER

Accident or Suicide

Oak Lawn Cem.

J. Hernig son

10/6/08

Name
in
Full

Henry Bees ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Lansdowne

County

Balt

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908 Oct

22

Age

Sex

Male

Color or
Race

White

Birth-
place

Balt Co

Occupation

Infant

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John J. Bees

Father's
Birthplace

Balt. Md

Mother's
Maiden Name

Sarah J. Donlin

Mother's
Birthplace

Balt. Md
Fallin

Name of person giving
Information

John J. Bees

How related
to deceased

Primary

Collapsed Cord

176

How long

Immediate

Only lived a few moments.

How long

a few minutes

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

✓

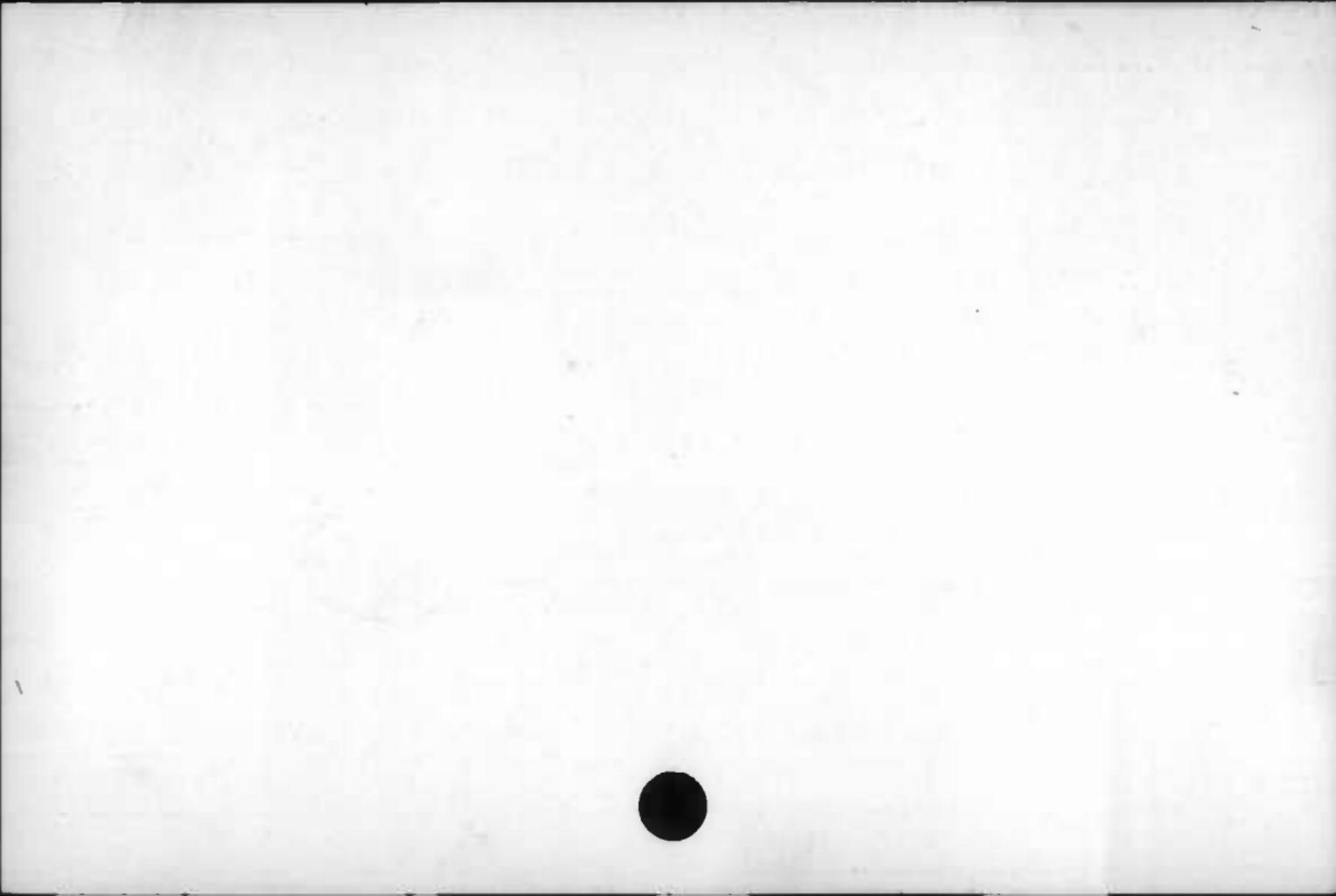
Signature of
Physician

Address

Frank W. Rehle
Lansdowne, Md.

Accident or Suicide

13



Name
in
Full

Anna Bosina Berger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	1310 Highlandtown			County	Baltimore County		
Date of death	10/12/1908	Month	10	Day	12	Years	99
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	non	Where Residing if not at place of death			131 Thirtieth		
Married, Single or Widowed	Married	Name of Wife or Husband	William E Berger			Father's Birthplace	Germany
Father's Name	Johan Stenzel			Mother's Birthplace	Germany		
Mother's Maiden Name	Anna Bosina Stenzel			How related to deceased	" Daughter		
Name of person giving Information	Mima Ulrich			How long	93		

CAUSES OF DEATH

Primary

—

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Edw. M. Singewald

Address

57 N. Washington St.

Accident or Suicide?

no

12th District

Louis Heermann
92 S Broadway

Immanuel's Cemetery
Lauraville

Oct. 14/08

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bessie S. M. Blair				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1908	Month Oct	Day 28	Years 24	Age	Months 3	Days 3
Sex	Female	Color or Race	white	Birthplace Balto. Co.			
Occupation	House wife	Where Residing if not at place of death			Roges station		
Married, Single or Widowed	Married	Name of Wife or Husband	Harry E. Blair			Father's Birthplace	Balto. Co.
Father's Name	John Hall	Harry E. Blair			Mother's Birthplace	Balto. Co.	
Mother's Maiden Name	Sarah Johnson	Harry E. Blair			How related to deceased	Husband	
Name of person giving information	Harry E. Blair				How long	Several yrs	

CAUSES OF DEATH

159

How long

Primary Epileptic Mania (hcd)

Immediate Suicide by pistol shot through 17

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Louis Draylor
P. Newell Md

Accident or Suicide?

John Burns & Son
Towson

Interment at
Tork M. E. Cemetery

Name
in
Full

Richard Blakeley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Male		Color or Race	White	Birth-place	Maryland	
Occupation	Laborer		Where Residing if not at place of death		Jos Eppie		
Married, Single or Widowed			Name of Wife or Husband	Elizabeth Blakeley			
Father's Name	Richard Blakeley				Father's Birthplace	Not Known	
Mother's Maiden Name	Unknown				Mother's Birthplace	" "	
Name of person giving information	Joseph Eppie				How related to deceased	Son in law	

CAUSES OF DEATH

166

Primary. Injury from mule runaway.
How long 48 hours

Immediate Internal injuries - Shock
How long 48 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R.G. Marsenburg

Address

Rowson

Accident or Suicide?

9

John Burns & Sons
Towers

Providence Canning
Ballo. Co

Name
in
Full

Not named Bland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date of death	1908 Oct	Month	Day	Years	Age	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Ruxton			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	Frank E. Bland					Baltw. City		
Mother's Maiden Name	Martha M. Higer					Baltw. City		
Name of person giving Information	Frank E. Bland					Father		

CAUSES OF DEATH

151

How long

How long

12 mo

PHYSICIAN
OR CORONER

Primary	Causes of death	
Premature birth		
Immediate	Postponion	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Yes	W. L. Smith Ridg. Md	
Accident		

John Burns Sons

Baltimore County

Name
in
Full

William Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month Oct.	Day 22	Years 47	Months	Days
Sex	Male	Color or Race	White	Birth-place	Baltimore Co.	
Occupation	Cav. maker		Where Residing if not at place of death	St. Agnes Hospital		
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	J. W. Bowen		Father's Birthplace	Maryland		
Mother's Maiden Name	Ellenore		Mother's Birthplace	Maryland		
Name of person giving information	W. P. Lynch		How related to deceased	Brother in law		

CAUSES OF DEATH

79

How long

Primary *Mitral & Aortic Insufficiency* One year

Immediate *Cerebral embolism* 30 seconds

Are the name, age, sex, color, date and place correctly given above?

Yea

Signature of Physician

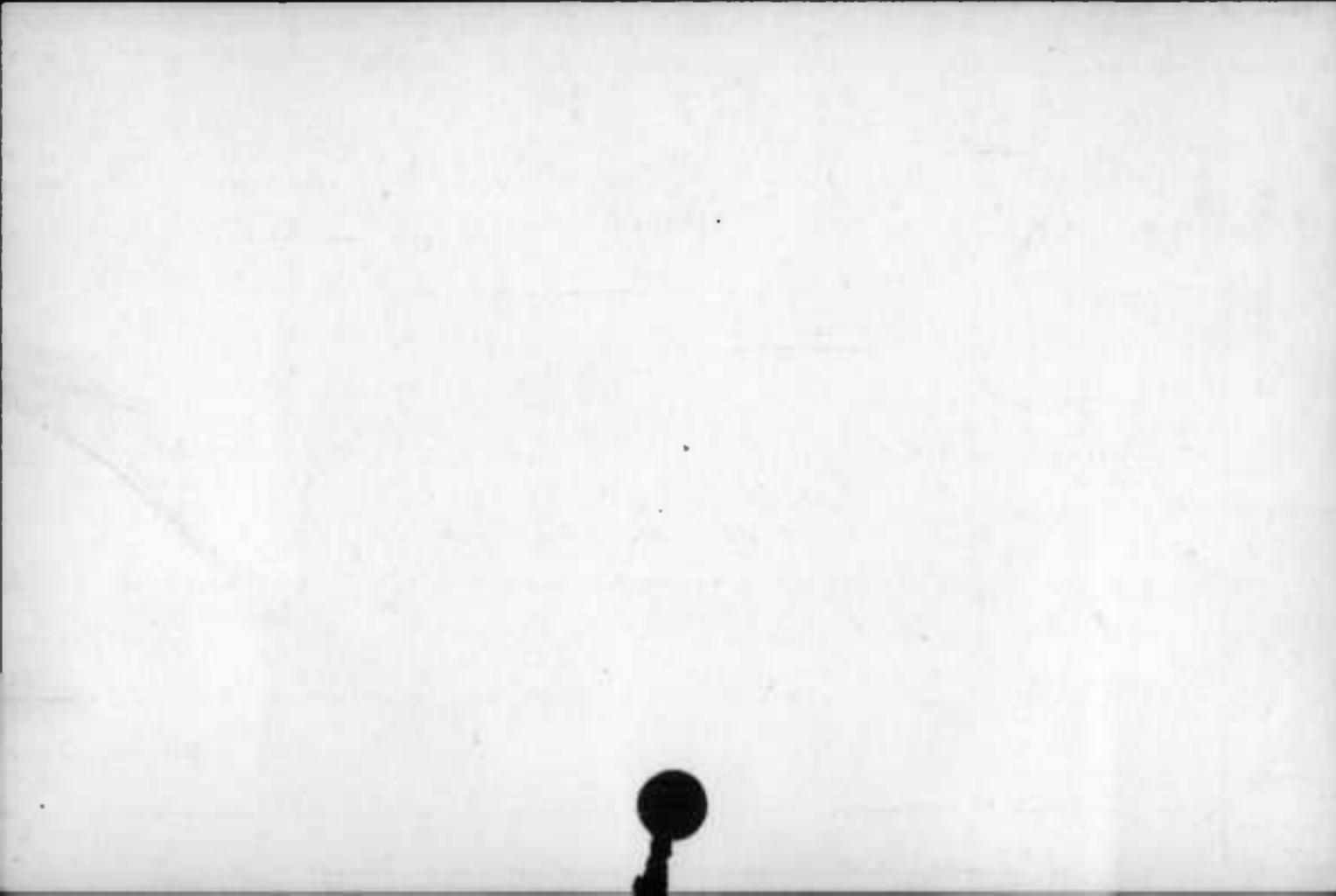
S. P. Sandrock

Address

St. Agnes Hospital

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Louis Braun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

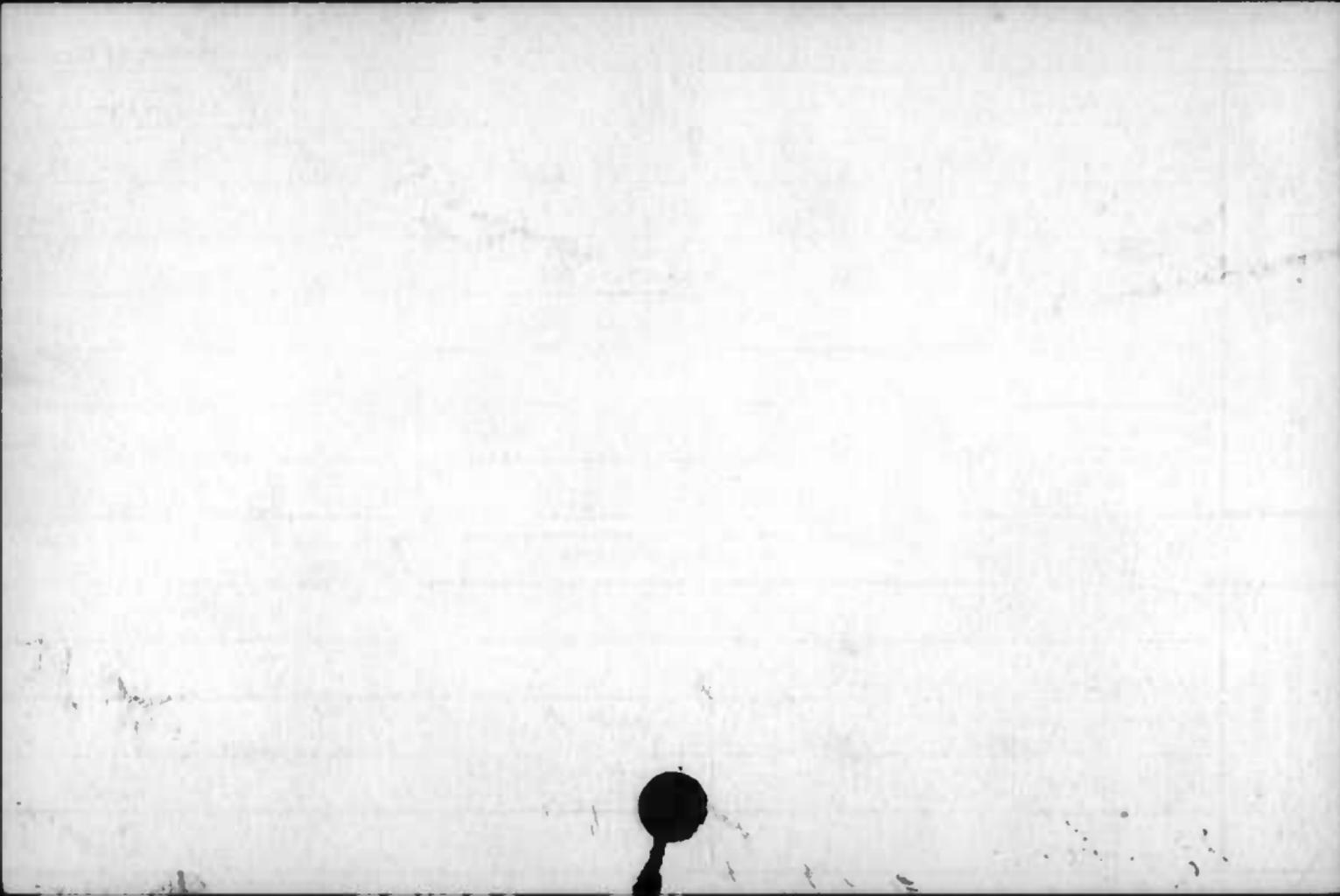
Died at	Town		County		MARYLAND	
Died at	Bacut River		Baltimore			
Date of death	Month	Day	Years		Months	Days
1908	Oct	4	27		9	1
Sex	Male	Color or Race	Colored	Birth-place	Baltimore	
Occupation	Labor			Where Residing if not at place of death	Baltimore - 60	
Married, Single or Widowed	Married	Name of Wife or Husband	Amie May	Father's Birthplace	Ladue Mo	
Father's Name	Washington Braun			Mother's Birthplace	Calumet Mo	
Mother's Maiden Name	Mary E Braun			How related to deceased	Clos	
Name of person giving information	Mr	Braun				

CAUSES OF DEATH

120

Primary	Heart Disease	How long	6 weeks
Immediate	Bright's Disease	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. W. Bernard
		Address	708 E. 30th St.
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Samuel Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Bellairs Av. Govans		Baltimore		Months	Days
Date of death	1908 Oct.	Month	Day	Years	
Sex	male	Color or Race	white	Birth-place	Cambridge Md
Occupation	None	Where Residing if not at place of death			Cambridge Md
Married, Single or Widowed	Widowed	Name of Wife or Husband	Not known	Father's Name	Arthur Johnson
Father's Name	Not known	Mother's Maiden Name	Not known	Mother's Name	Johnson
Mother's Maiden Name	Not known	Name of person giving information	Wm H Bryan	How related to deceased	Nephew

CAUSES OF DEATH

93

How long

one week

How long

Primary Senility

Immediate Pneumonia and Cardiac Inanition

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. S. Carew MD

Address

294 25th St

Accident or Suicide?

9th District Baltimore

~~Dr H. S. Carswell.~~

~~25+ Charles St.~~

~~215 Club Road R. P.~~

Place of burial Greenmount Cem

Hay W. Jenkins & Sons. Co
300 W. Madison St.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Blanche Burns

CERTIFICATE OF DEATH

Died at Sherwood

Town

Baltimore

County

MARYLAND

Date of death 1908

Month

Day

Years

Months

Days

31

Age

4

—

Sex Female

Color or
Race

white

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

Sherwood

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Jarris Burns

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah J Littlefield

Mother's
Birthplace

Canada

Name of person giving
Information

Jarris Burns

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Eutri. Colitis

Two months

Immediate

Quaumtion

Indefinite

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J.B. Shinnison

Address

Reeder, Md.

Accident or Suicide?

John Burns Sons
Treasors

May's Cemetary
Balto. Co and

Name
in
Full

Alice Rebecca Castback

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Bengus		Baltimore				
Date of death	1908	Month Oct	Day 2	Years -	Months 3	Days 14
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	—	Name of Wife or Husband		—		
Father's Name	Mrs. Castback		Father's Birthplace		Md	
Mother's Maiden Name	Annie York		Mother's Birthplace		Md	
Name of person giving Information	Mrs Castback		How related Deceased		Daughter	

CAUSES OF DEATH

179

How long

2 mos

How long

—

PHYSICIAN
OR CORONER

Primary

Malaria murs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John D. Hammond
Middlebury, Ct.

Accident or Suicide

No

Vernon Carson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Balansille		County Balto		MARYLAND	
Date of death 1904	Month Oct	Day 5	Years —	Months —	Days 3
Sex Male	Color or Race White	Birth- place Balansille			
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Charles Carson	Father's Birthplace Baltimore				
Mother's Maiden Name Emma Fager	Mother's Birthplace Baltimore				
Name of person giving Information Mrs E Carson	How related to deceased Mother				

CAUSES OF DEATH

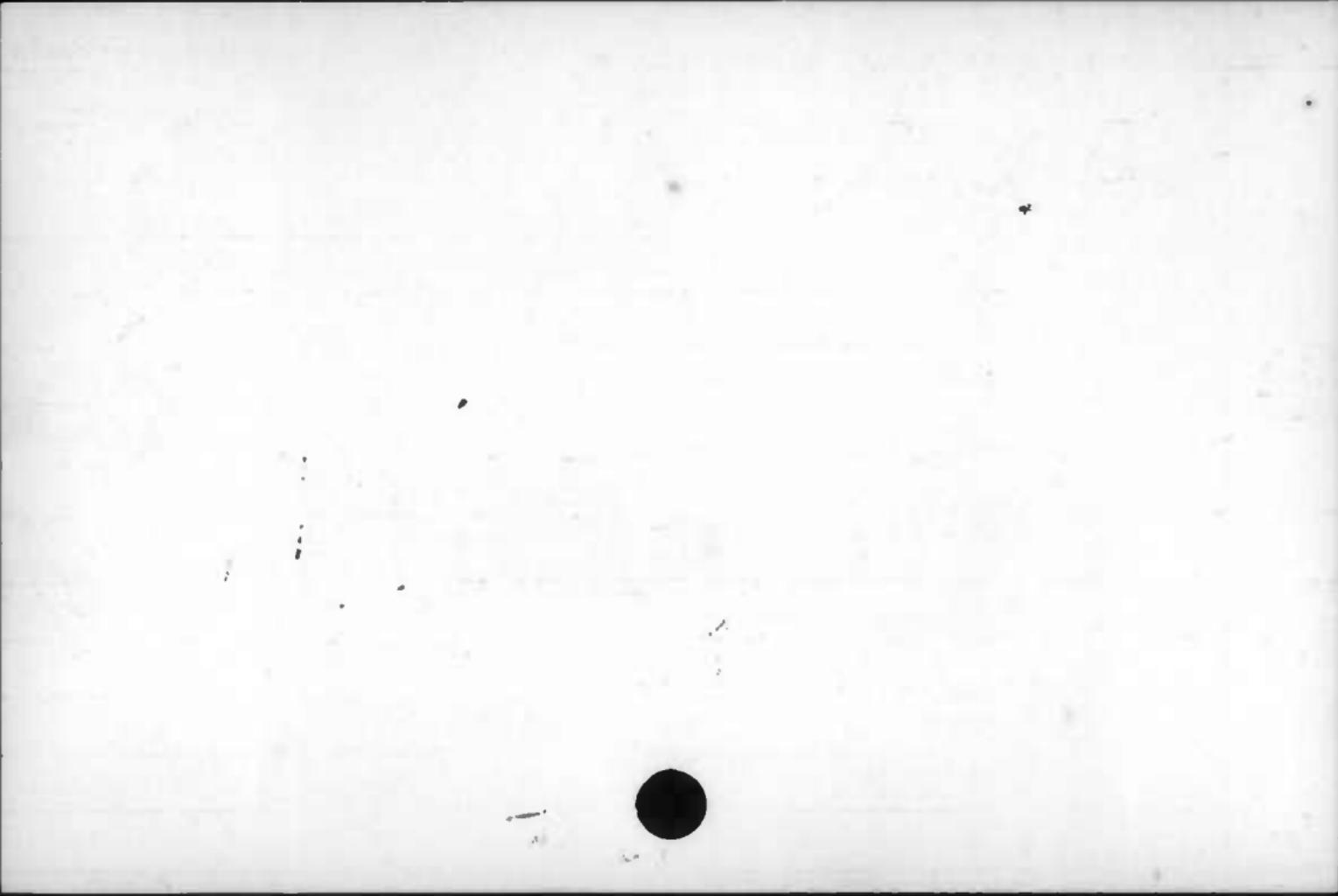
151

How long
—How long
—PHYSICIAN
OR CORONERPrimary
Premature BirthImmediate
ExhaustionAre the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician
R. C. L. MaufeldsAddress
Balansille Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Nelson Clark

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Colgate Creek		Baltimore				
Date of death	1908	Month	Day	Years	Months	Days
	8	10	11	Age 79		
Sex	Male	Color or Race	white	Birth- place	Washington, D.C.	
Occupation	Carpenter		Where Residing if not at place of death	Colgate Creek		
Married, Single or Widowed	Widower	Name of Wife or Husband	Sarah Clark			
Father's Name	not known		Father's Birthplace	not known		
Mother's Maiden Name	not known		Mother's Birthplace	not known		
Name of person giving Information	Mannie Bartell		How related to deceased	Daughter		

CAUSES OF DEATH

34

Primary
several tubercles

How long

2 mos. +

Immediate
exhaustive diarrhoea

How long

2 weeks.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

N. M. Hayes

Address

Clinton & D. I. B. St.

Accident or Suicide

12th District

St. Paul hem

Herring for
10/12/08

Mrs Mary Catherine Conroy

CERTIFICATE OF DEATH

Died at Phoenix		Town Baltimore		County Baltimore		MARYLAND	
Date of death 1908	Month Oct	Day 14	Age 60	Years 60		Months	Days
Sex Female	Color or Race White				Birth-place Henford Md		
Occupation Housewife				Where Residing if not at place of death —			
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Name of Wife or Husband George Henry Conroy						
Name of Husband George Henry Conroy				Father's Birthplace Baltimore Md			
Father's Name Thomas Thompson					Mother's Birthplace Mt. Carmel Balt. Md		
Mother's Maiden Name Mary Catherine Conroy					How related to deceased 64		
Name of person giving information							

CAUSES OF DEATH

Primary

Arterio SclerousHow long **64**

Years

Immediate

PhlebitisHow long **One hour**

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

**873 8th Street
Rockville Md**

Accident or Suicide?

Funeral at Popular
Friday 16th.

W. C. Brooks

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Patience Craig.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at		Catonsville	Balto			
Date of death	1908	Month Oct.	Day 21	Years 34	Months "	Days "
Sex	female	Color or Race	Colored.		Birth-Place	Catonsville
Occupation	Housewife	Where Residing if not at place of death			Catonsville	
Married, Single or Widowed	Married	Name of Wife or Husband	Daniel Craig.			
Father's Name	Charles Watkins				Father's Birthplace	Howard Co
Mother's Maiden Name	Elmira Dorsey				Mother's Birthplace	Howard Co
Name of person giving information	Amanda Tappan				How related to deceased	Sister

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis.
asthenia

27

How long

3 months

Immediate

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

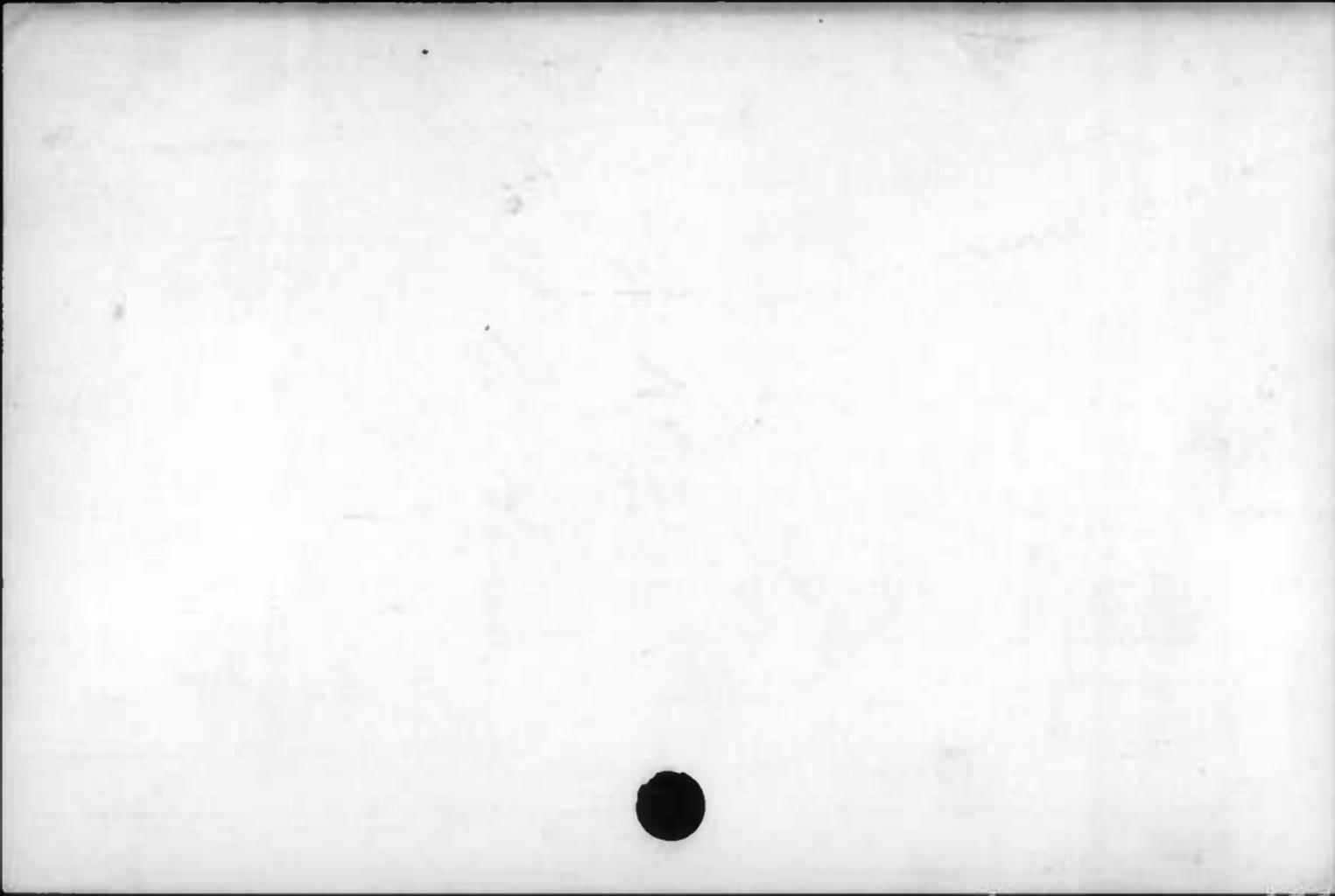
yes

Signature of Physician

Address

Marshall B West.
Catonsville, Md.,
1st District

Accident or Suicide?



Name
in
Full

William Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

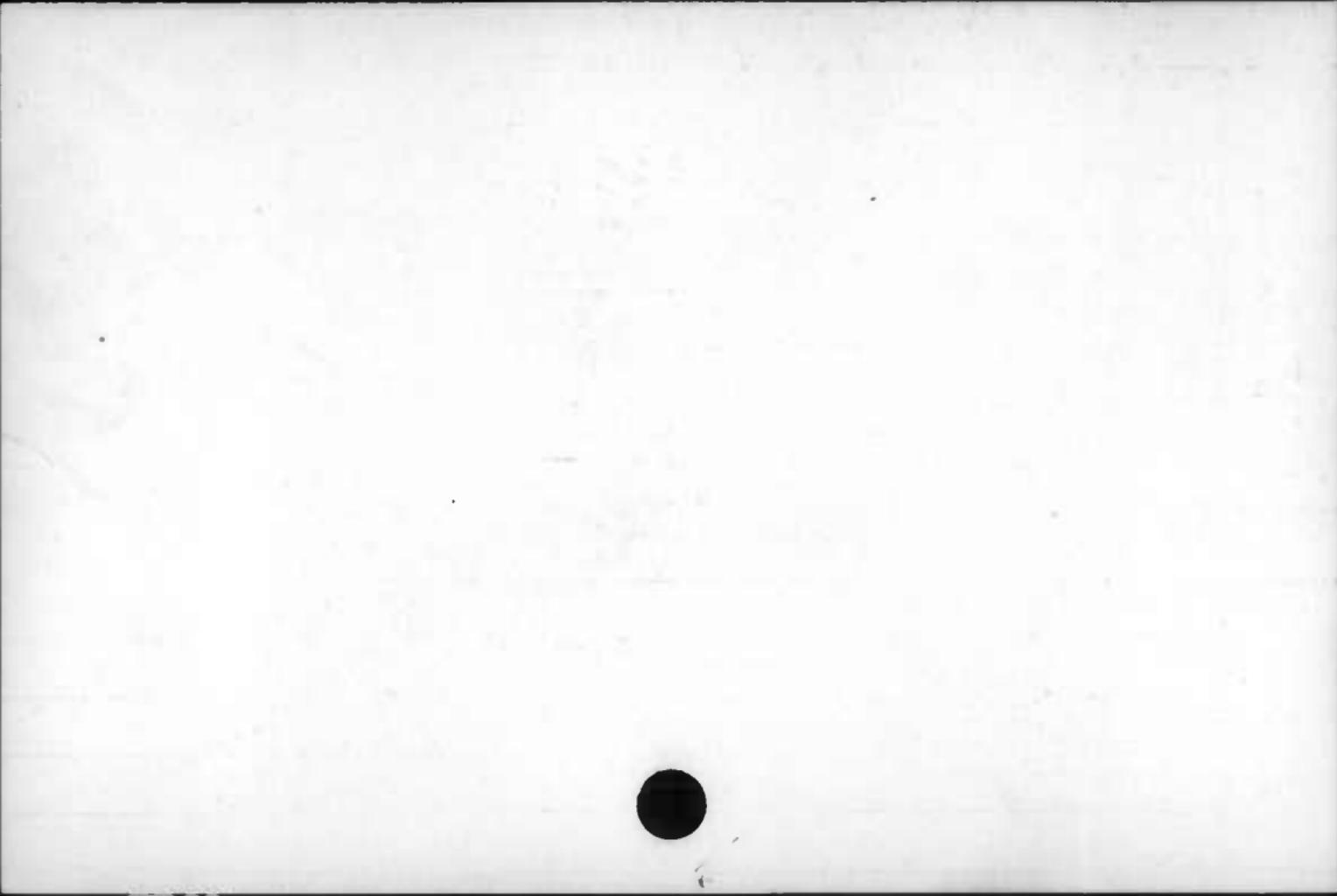
Died at		Town	County		MARYLAND	
Date of death	1908	Month Oct	Day 29	Years 55	Months 1	Days 1
Sex	Male	Color or Race	white	Birth-place	Not Known	
Occupation	Laborer	Where Residing if not at place of death			Kingsville	
Married, Single or Widowed	Not Known	Name of Wife or Husband	Not Known			
Father's Name	Not Known			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving information	Edward G. Quinlin			How related to deceased	None	

CAUSES OF DEATH

79

How long

Primary	Heart-disease	How long	Not Known
Immediate	Paralysis of the heart	How long	Instantaneous
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. F. H. Boswell
		Address	Fifth and
Accident or Suicide?			



Name
in
Full

Maryart Denise Dell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	Anchorsville Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Baltimore Md				
Mother's Maiden Name	Baltimore Md				
Name of person giving information	How related to deceased				

1908 Oct. 15 2 1 17

Female

1 woman

single

Yasmine M. Dell

Katherine E. Guido

Yasmine M. Dell

Father

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary

Centr. colitis

Immediate

exhaustion.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William J. Ford
NW Washington Md

Accident or Suicide?

For Removal to
Lauden Park

E Madison Mitchell
per JH

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Dorsay

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife	Name of Person giving Information	
Father's Name	Unknown		Father's Birthplace
Mother's Maiden Name	Unknown		Mother's Birthplace
Name of person giving Information		How related to deceased	

3318 E. Balt St
1908 Oct 5
Male White Irish
Supintendent Margaret B. Dorsay
Widow Unknown
Unknown
Geo L. Dorsay

CAUSES OF DEATH

178

Primary

Cardiac Syncope

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. W. S. Sudley, Corr
3326 E. Balt St

Accident or Suicide?

of E Hughes

in interment at
Baltimore Cemetery

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month Oct	Day 16	Years 72	Months 2	Days 1	
Sex	Female	Color or Race	White	Birth-place	N. Y.		
Occupation	Housewife						
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death				
Father's Name	Thomas Ferguson		Father's Birthplace	Scotland			
Mother's Maiden Name	Julia Stanton		Mother's Birthplace	N. Y.			
Name of person giving Information	B. F. Doty		How related to deceased	Son			

CAUSES OF DEATH

64

Primary

Chronic Nephritis.

How long

2 years

Immediate

Cerebral Hemorrhage

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

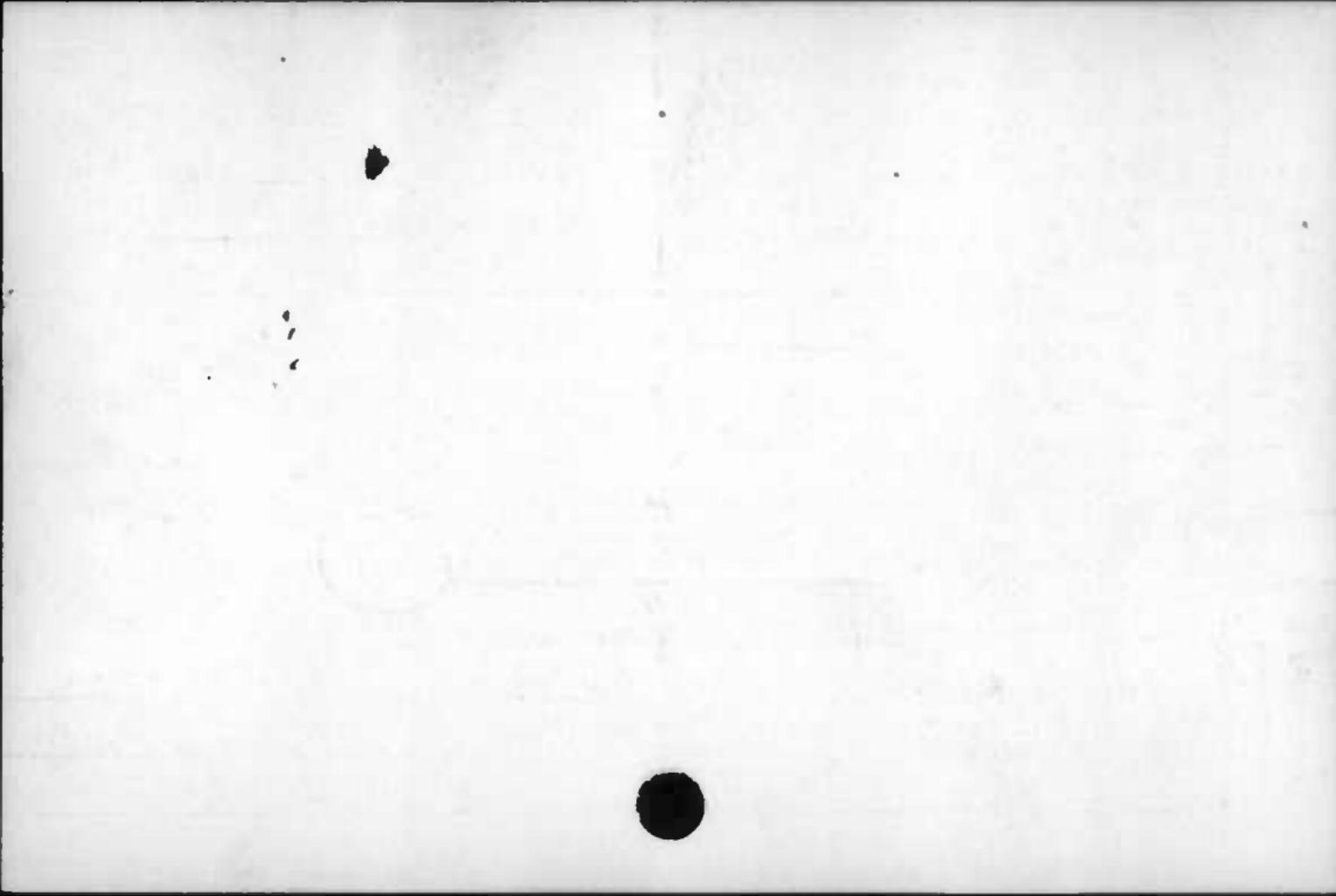
Address

F. C. Eldred M.D.

Spurred Point.
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Simon Dowling -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mo Hope Retreat		Town Baltimore County		MARYLAND		
Date of death	1908	Month Oct	Day 26	Years Ago	46	Months Days
Sex	Male	Color or Race	White	Birth-plate	Ireland	
Occupation	Labour		Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Name of Wife or Husband		Not Known			
Father's Name	not Known		Father's Birthplace	not Known		
Mother's Maiden Name	" "		Mother's Birthplace	"		
Name of person giving information	Recd Mo Hope		How related to deceased	not at all		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pul. Tuberculosis

How long

about 2 yrs -

Immediate

Ex -

How long

10 or 12 days -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician.

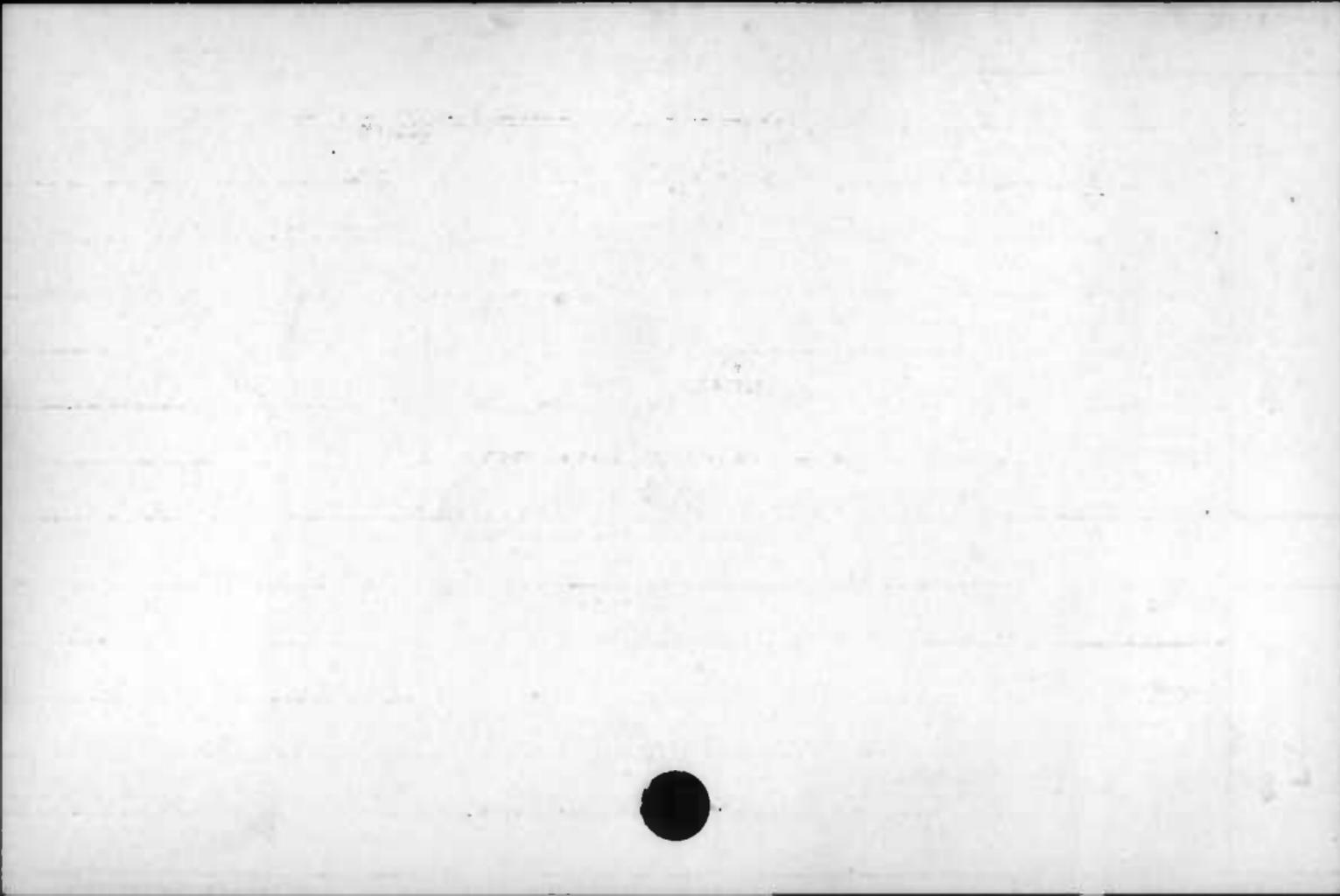
Address

Frank J Flanerry

Mo Hope Retreat -

Patient developed disease outside

Accident or Suicide?



Name
in
Full

Lhos R Downs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1908	Month 10	Day 17	Age 64	Years	Months 6	Days 28
Sex	Male		Color or Race	White		Birth-place	Md
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband		Susanah Downs			
Father's Name	Abgyn Downs		Father's Birthplace			Md	
Mother's Maiden Name	Leah Rutledge		Mother's Birthplace			Md	
Name of person giving Information	Susanah Downs		How related to deceased			Wife	

CAUSES OF DEATH

Primary

Carcinoma of ^{and stomach}
Bile Ducts

40

How long

8 months

Immediate

" "

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

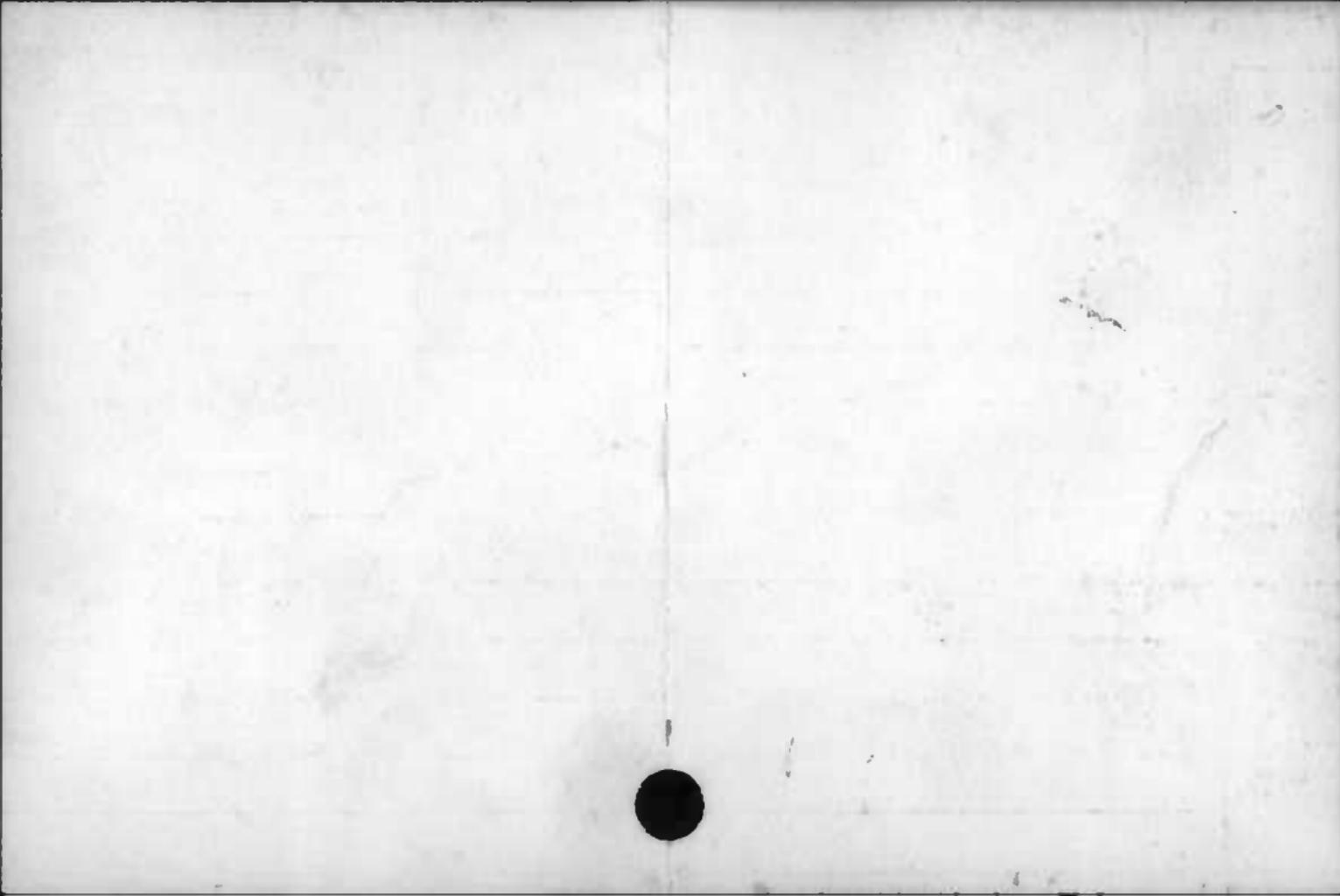
Willie Carl Brumick M.D.

Address

Shrewsbury Pa.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

War. W. Dunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at	Balt			
Date of death	Month	Day	Years	Months Days
1908.	Och	21.	7.	5
Sex	Color or Race	Birth-place	Balt	
Male	evhite	Arlington		
Occupation	Where Realding if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Single				
Father's Name	Father's Birthplace			
War E. Dunn	Va			
Mother's Maiden Name	Mother's Birthplace			
Bertie E. Allen	Balt			
Name of person giving information	How related to deceased			
War E. Dunn	father			

CAUSES OF DEATH

104

How long

5 days

6 hrs.

Primary

acute Gastritis

Immediate

cardiac & heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ed. Smith M.D.
1605 W North Av
Balt. Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Mr. Oliver Clark
Oct. 22/68.
Dear Mr. Clark
Dr. Naylor.

Mr. Naylor.
Dear Mr. Naylor.

Name
in
Full

Maria Eckhardt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Germany		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	205 S. Third St.			
Father's Name	John H. Eckhardt				
Mother's Maiden Name	Germany				
Name of person giving Information	Daughter				

1908 Oct 24 73 10 28

Female

None

Widowed

Karl Stillberg

Margaretha Myers

Mrs. J. A. Wager

CAUSES OF DEATH

179

How long

How long

Primary

Asthennia

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. Warner MD
320 Highland av.

Accident or Suicide?

No

PHYSICIAN
OR CORONER

Dr. Harras
Balto. Cemetery
Oct 27/08
H. Sander & Sons

Name
in
Full

Leo Patrick Ticehely
Canton Balto.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Balto. Co.
Occupation	None	Where Evering is not ← place of death 2115 S. Clinton St.			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John S. Ticehely	Father's Birthplace		Balto. Co. old.	
Mother's Maiden Name	Mary Hammelman	Mother's Birthplace		Balto. Co. old.	
Name of person giving information	Mary Ticehely	How related to deceased		Mother	

CAUSES OF DEATH

①

Primary

Typhoid Fever

How long

18 days

Immediate

Shock (from Peritonitis)

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. J. McAvoy M.D.
839 S. Calvert
12th District

Accident or Suicide?

PHYSICIAN
OR CORONER

Holy Redeemer Cemetery
Oct 30th 1908

Lilly and Zeiler
Undertakers

William Samuel Fundall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <u>Gowon</u>		County <u>Baltimore</u>		MARYLAND		
Date of death	Month <u>1908</u>	Day <u>10</u>	Years <u>26</u>	Months <u>2</u>	Days <u>7</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Maryland</u>				
Occupation <u>Civil Engineer & Draughtsman</u>	Where Residing if not at place of death <u>Gowon</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>					
Father's Name <u>Charles E. Fundall</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Laura Street</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving Information <u>Sam'l K Fundall</u>	How related to deceased <u>Uncle</u>					

CAUSES OF DEATH

27

Primary Sulmonary Tuberculosis. Hemoptysis 3 years.
How long

Immediate State pneumonia with conv. one week
How long

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianA. M. Foster

Address

R. L. Masembury

Accident or Suicide?

No

9th DistrictTown

John Burns Ams

— — —
Rock Spring laundry -
Forest Hill.

~~Harford County~~

Name
in
Full

Frederica Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Highlandtown Baltimore MARYLAND
Date Month Day Years Months Days
of death 1908 Oct 24 - -
Sex Female Color or Race White - Birth-place Maryland
Occupation Housewife Where Readied if not at place of death 912 Third St
Married, Single or Widowed Married Name of Wife or Husband Herman Fisher
Father's Name John Leichner Father's Birthplace Germany
Mother's Maiden Name Elizabeth Hofferfert Mother's Birthplace Germany
Name of person giving Information Elizabeth Leichner How related to deceased Mother

CAUSES OF DEATH

137

How long

Primary

Miscarriage

11 Days

Immediate

Septicemia

7 Days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Dr. F. A. Slantz
3241 Eastern Ave.
14th District

PHYSICIAN
OR CORONER

Accident or Suicide

Mount Carmel Oct 26, 1908

Robt T. Turner,
Undertaker

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry M. Fitzgerald

CERTIFICATE OF DEATH

Died at 1016 Bouldin St. S.		County Baltimore		MARYLAND		
Date of death 1908	Month Oct	Day 15th	Age 3-8	Years 8	Months	Days
Sex Male	Color or Race white	Birth-place Md				
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	James Fitzgerald		Father's Birthplace			Ma.
Mother's Maiden Name	Emma Kiefer		Mother's Birthplace			Md.
Name of person giving Information	James Fitzgerald		How related to deceased			Father

CAUSES OF DEATH

9

How long

3 weeks

Primary

Post diphtheritic Paralysis

Immediate

Cardiac Paralysis

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

M. J. McCaughan MD
839 S. 6th Street
4th District

Accident or Suicide?

Girkler & Girkler
1739 E. Eager St.

Trinity Cemetery
Oct. 17-1908

Norman F. Gilbert

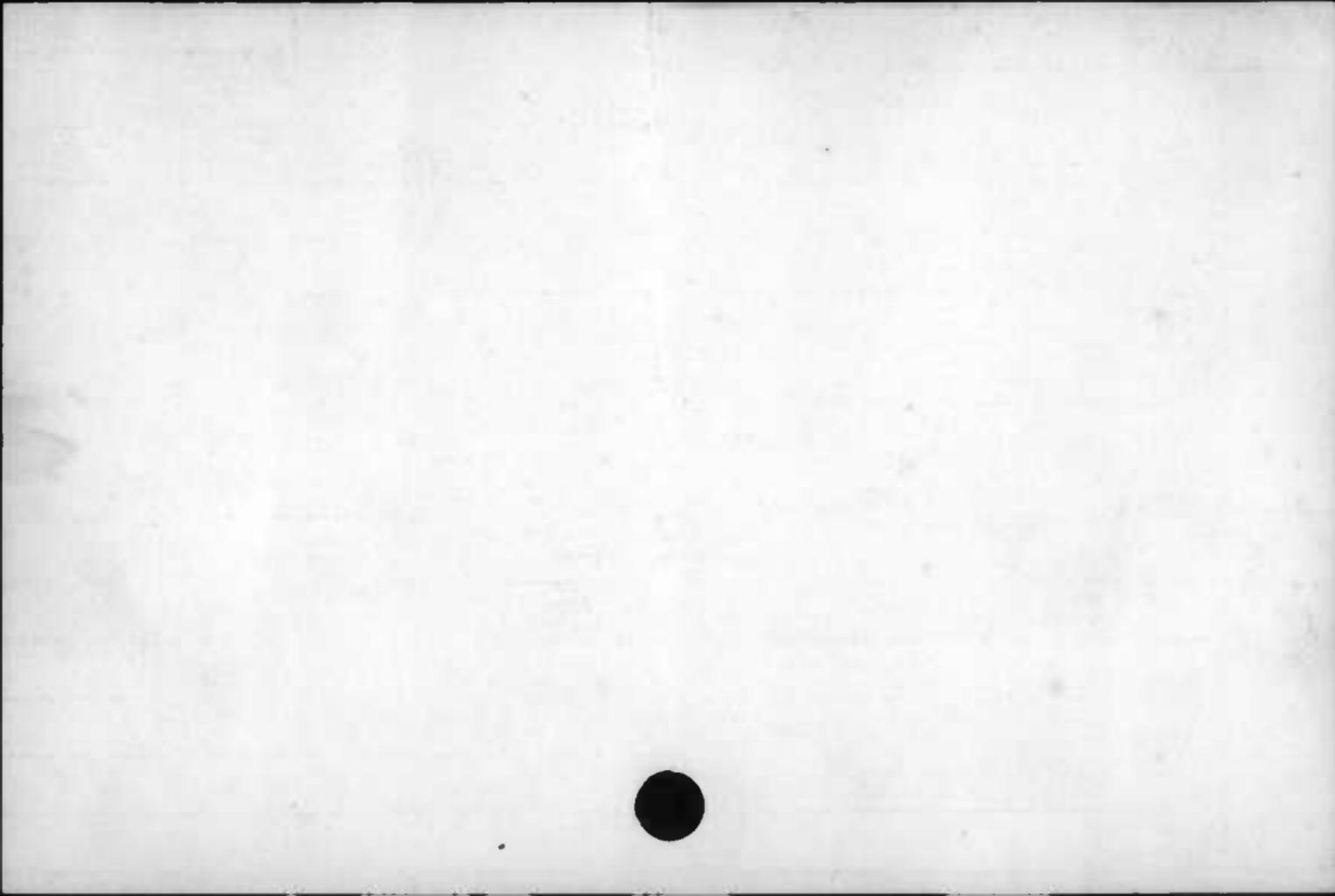
CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Died at	Sparks Pt		Baltimore			
Date of death	Month	Day	Years		Months	Days
1908	Oct	17	Age	12	7	5
Sex	Male		Color or Race	White	Birth-place	Sparks Pt
Occupation	Gone		Where Residing if not at place of death	Sparks Pt		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Horace L. Gilbert		Father's Birthplace	Carroll Co		
Mother's Maiden Name	Amy Davis		Mother's Birthplace	Baltimore		
Name of person giving information	Horace L. Gilbert		How related to deceased	Father		

CAUSES OF DEATH

47

Primary	Inflammatory Pneumonia		How long	3 months
Immediate	Lungs Endophlebitis & Lymphangitis		How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Frank C. Eldred	
		Address	Sparks Point Md.	
Accident or Suicide?				



Name
in
Full

John Wesley Gill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Glyndon		County		Baltimore		MARYLAND	
Date of death	Month	Day	Years		Months		Days	
1908	Oct.	23	2		6		8	
Sex	male	Color or Race	White		Birth-place	Glyndon Md.		
Occupation					Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband					
Father's Name					Father's Birthplace			
Mother's Maiden Name	Mrs Edna Gill				Mother's Birthplace	Glyndon Md		
Name of person giving information	Mr. John Shroyer				How related to deceased	Nucle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Inflammation of Brain

60

How long

Two mths

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

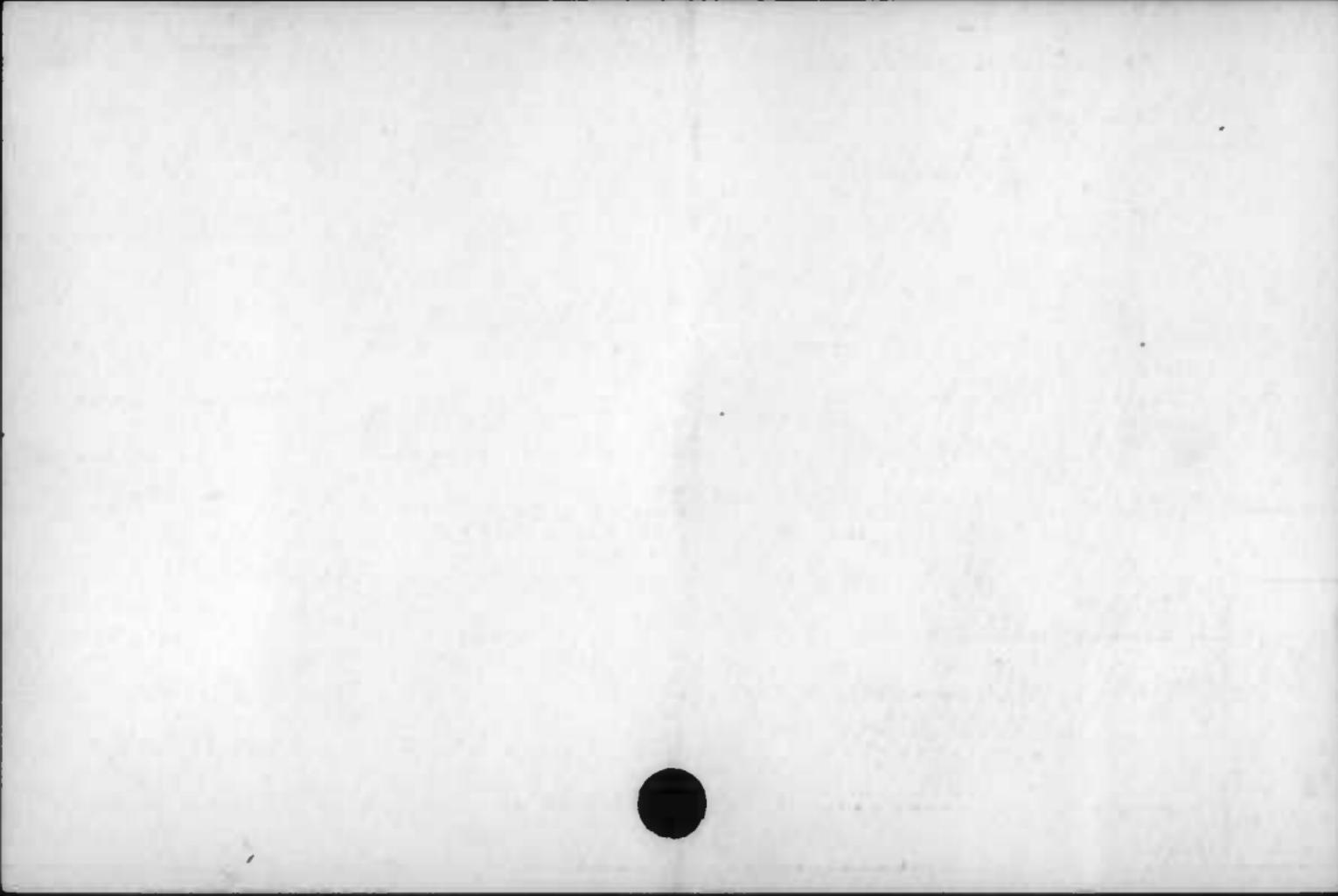
Signature of Physician

Address

J. H. Drach
Cockeysville Md

Accident or Suicide?

5



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County		MARYLAND
Date of death	1908	Month Oct	Day 18	Years 55	Months Days
Sex	Male	Color or Race	Age	White	Birth-place
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Agnes Bartholomew				
Mother's Maiden Name	Unknown				
Name of person giving information	Marguerite Gluck				
CAUSES OF DEATH					
Primary	Aphilexy				
Immediate	64				
Are the name, age, sex, color, race and place correctly given above?	How long				
Signature of Physician		Dr W. S. Sudler			
Address		3326 E BALTO			
Accident or Suicide?					

Sacred Heart Cemetery

Oct 21st 1908

Lilly and Beiler
Undertakers

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Mildred Gosnell</i>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1908	Month Oct	Day 13	Years 15	Months 3	Days 14
Sex	female	Color or Race	white	Birth-place	Grants Isd	
Occupation	Where Residing if not at place of death					Scars
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	William Gosnell		Father's Birthplace		Ind	
Mother's Maiden Name	Mary R Daily		Mother's Birthplace		Ind	
Name of person giving Information	Elin Gosnell		How related to deceased		Brother	

CAUSES OF DEATH

Primary

Typhoid Pneumonia

1

How long

12 days

Immediate

Cardiac Asthma

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

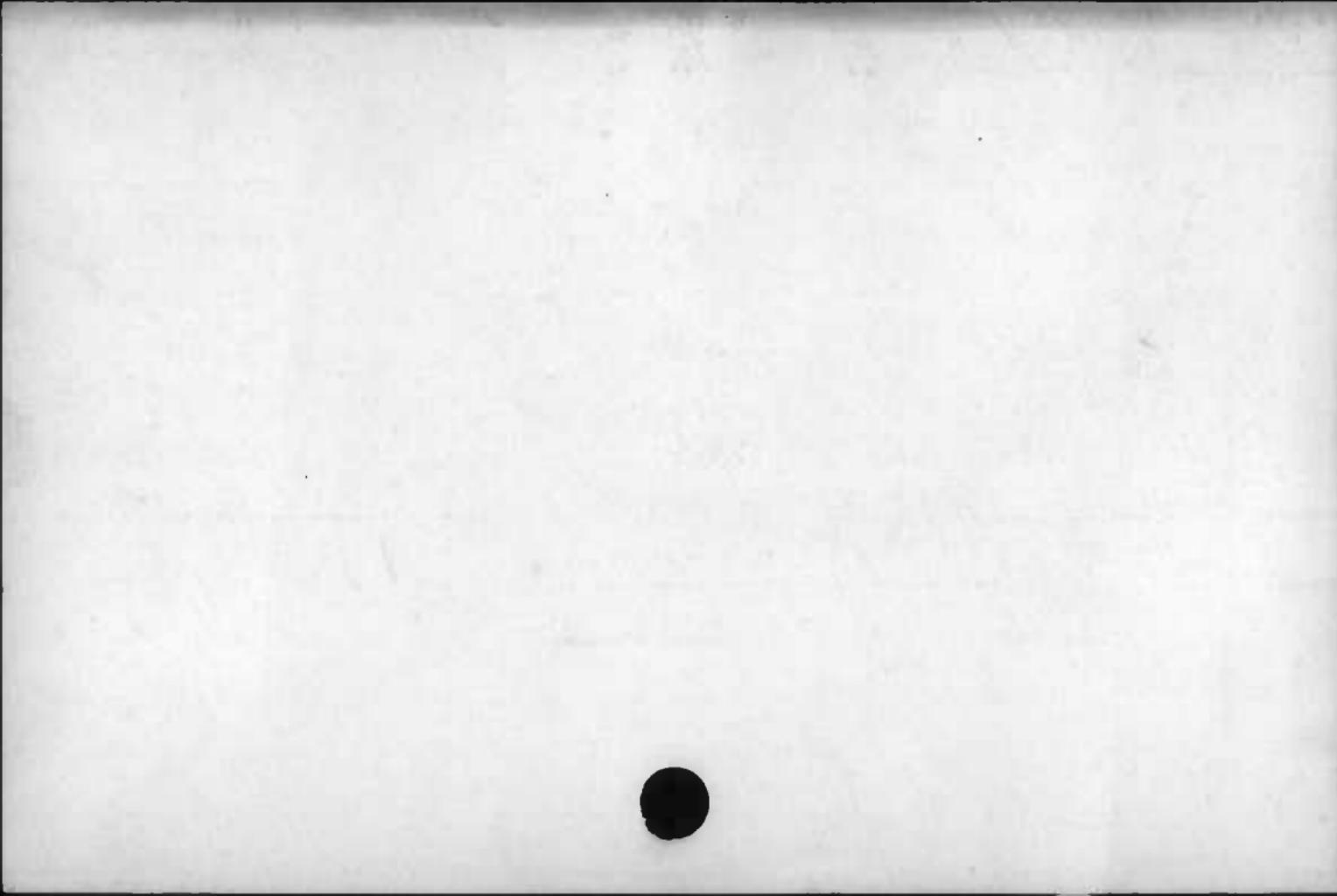
yes

Signature of Physician

Address

*B. J. Stapp and
Grants Isd,
Md District Ind*

Accident or Suicide?



Name
in
Full

Emily Cornelie Wight Graves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gray Rock near Pikesville Town Baltimore County

Date of death 1908 Month Oct. Day 3 Years 42 Months 1 Days 15

Sex Female Color or Race White Birthplace Richmond Va.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William Baker Graves

Father's Name John Wight Father's Birthplace Richmond Va.

Mother's Maiden Name Margaret Brown Mother's Birthplace Richmond Va.

Name of person giving Information Anna Melina Graves How related to deceased Daughter

CAUSES OF DEATH

79

How long

6 yrs.

Primary Myocarditis + nephritis

How long

second days.

Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Karen Brown

19 W Bradford

Baltimore Md

Accident or Suicide?

No.

Thor R. Brown

Bridget M. C. C.

H. W. Jenkins & Sons Co.

Imitators

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Francis Hall

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month 10	Day 9	Years 48	Months	Days	
Sex	male	Color or Race	colored		Birth-place	Maryland	
Occupation	Laborer		Where Residing if not at place of death		near hereford		
Married, Single or Widowed	married	Name of Wife or Husband	Julia Hall		Father's Birthplace	Md	
Father's Name	Charles Hall				Mother's Birthplace	Md	
Mother's Maiden Name	Eloza Ellen Wilson				How related to deceased	Cousin	
Name of person giving information	Isaac Wilson						

CAUSES OF DEATH

166

Primary

Premature explosion of Dynamite

How long

Immediate

" " "

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

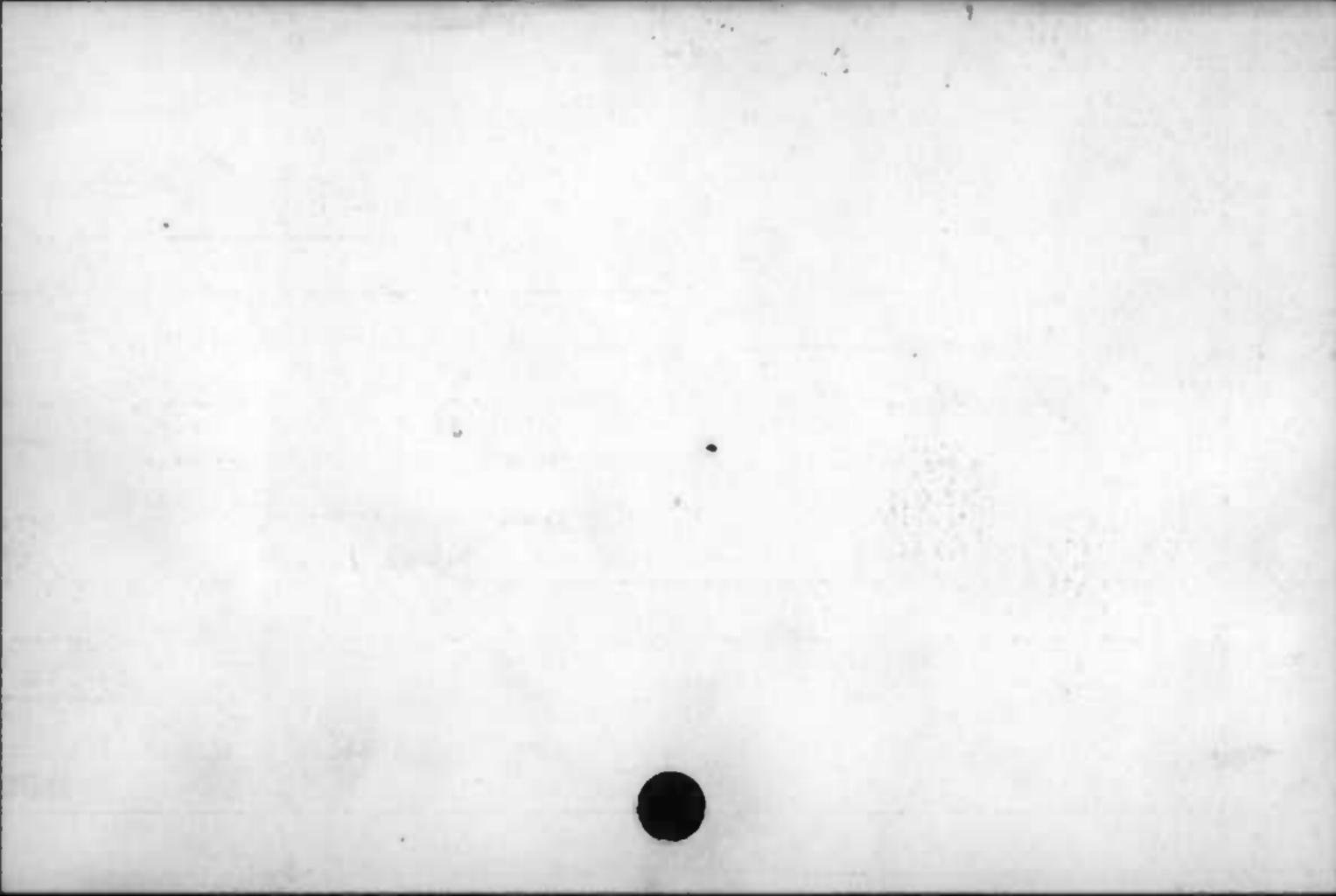
Address

Alfred A. Sparks.
Parkton, Bkt. Co. Md

Accident or Suicide?

accident

Coroner



Name
in
Full

Adie Harden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Glyndon

Town

County

MARYLAND

Date
of death

1908 Oct

Month

Day

Years

Age 34

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Montgomery Co Md

Occupation

House wife

Where Residing if not
1st place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Kathleen Harden

Father's
Name

James Abender

Father's
Birthplace

Nashville Tenn

Mother's
Maiden Name

Cedney Johnson

Mother's
Birthplace

Harford Co

Name of person giving
Information

Rosie Procter

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Eulmonary Tuberculosis

27

How long

1 year

Immediate

"

Weakness

How long

2 mo.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

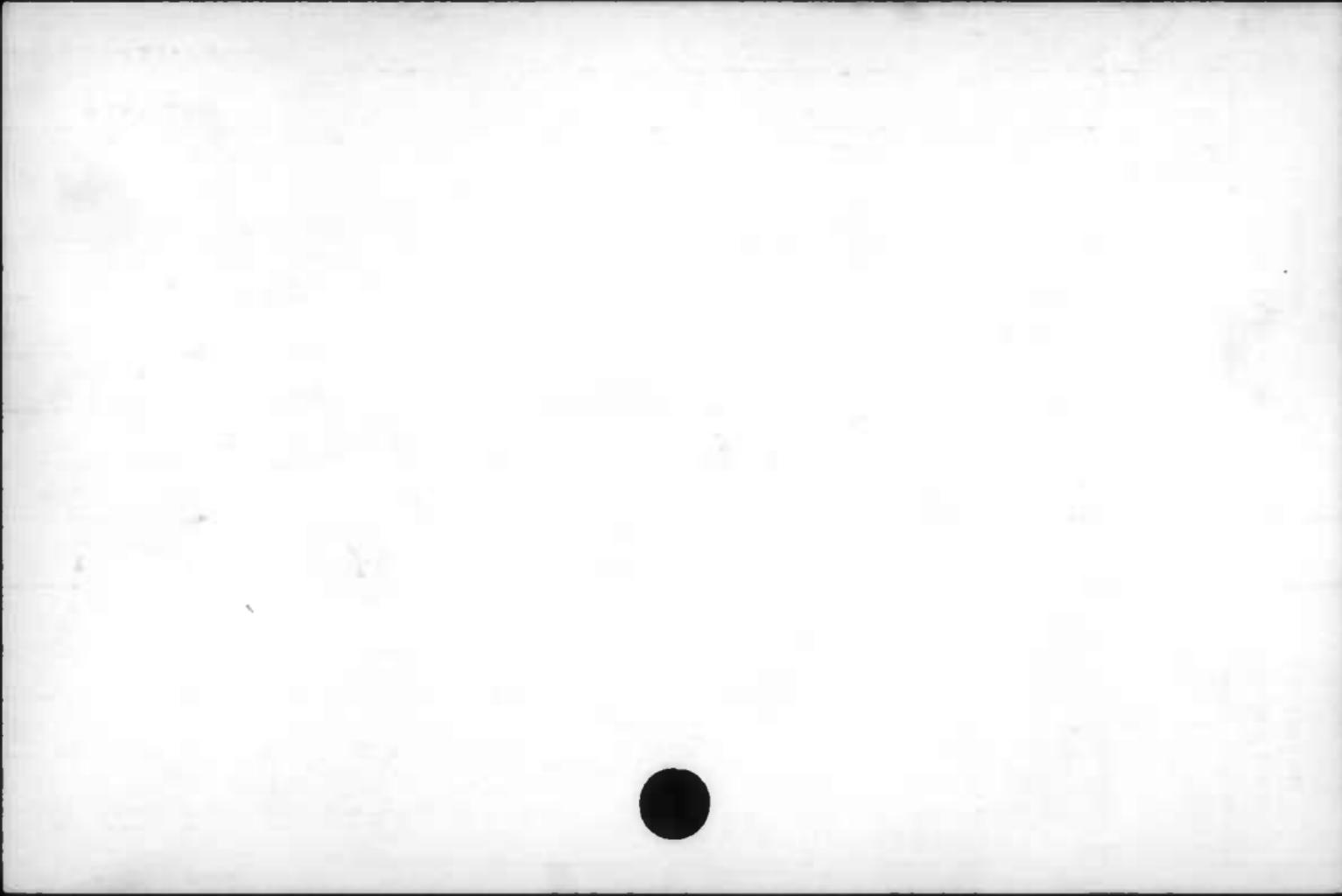
J. R. Price

Address

Glyndon Md
4th District

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harry Hardingham Jr.

County

Died at Lynd ave - 13th Street Baltimore

MARYLAND

Date of death 190 Month Dey Years Months Dey

190 Oct. 11 — 3 —

Sax Male Color or Race white

Birth-place Baltimore July 14, 1905

Occupation Child

Where Residing if not
et place of death

Lynd ave

Married, Single
or Widowed

Single

Name of Wife or
Husband

Harry Hardingham

Father's
Name

Harry Hardingham

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Nora Fairall

Mother's
Birthplace

Baltimore

Name of person giving
Information

Frank G. Fairall

How related
to deceased

Uncle

CAUSES OF DEATH

179

How long

3 months

Primary

Marasmus.

Immediate

Cardiac Asthma

How long

5 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. E. Zapp
3050 N. North ave

Accident or Suicide

Woodlawn Cemetery

~~Oct 13/1908~~

Wm Cook

502 E North Ave

Baltimore City

Name
in
Full

Wm H. Harr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death		Same		
Married, Single or Widowed	Name of Wife or Husband	Mary Harr			
Father's Name	Bro. N. Harr			Father's Birthplace	Balto. Co.
Mother's Maiden Name	Matilda Fisher			Mother's Birthplace	Md.
Name of person giving information	Bro N. Harr			How related to deceased	Mother

CAUSES OF DEATH

27

How long

How long

Primary

Pulmonary Tuberculosis about 1 yr.

Immediate

Meningo-⁺ Pulmonary Tuberculosis 27 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

B. T. Burrey

Address

Texas Md.
8th District

Accident or Suicide?

Principals at Poplar

Nov 4 $\frac{1}{4}$

W. G. Brooks

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harry & Harry
Town County
Died at Highlandtown Baltimore.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1908 Oct.	Month	Day 6	Years	Months 3	Days 21
Sex Male	Color or Race	white			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Leonhardt A. Hauan	Father's Birthplace Germany				
Mother's Maiden Name Katie Dister	Mother's Birthplace Baltimore				
Name of person giving Information Leonhardt A. Hauan	How related to deceased Father				

CAUSES OF DEATH

20

Primary Sulfur Cellulitis -

How long
3 to 4 days -

Immediate Toxemia - Cardiac Cynosis

How long
one hour

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. W. Clapperton M.D.
619 S. Clinton St.

Accident or Suicide?

H. Sanders & Sons

Mt. Carmel
Cemetery. —

October 7th / 1908. —

Name
in
Full

John Harthoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Gardenville	Baltimore		Montha	Days
Date of death	190	Month	Day	Age	18
Sex	Male	Color or Race	White	Birth- place	Maryland
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Father's Name	Frank Harthoff		Germany		
Mother's Maiden Name	Mary Setten		Mother's Birthplace		
Name of person giving Information	Frank Harthoff		How related to deceased		
CAUSES OF DEATH					
Primary	50			How long	
Immediate	Diabetes	Mellitus	Cannot say definitely		

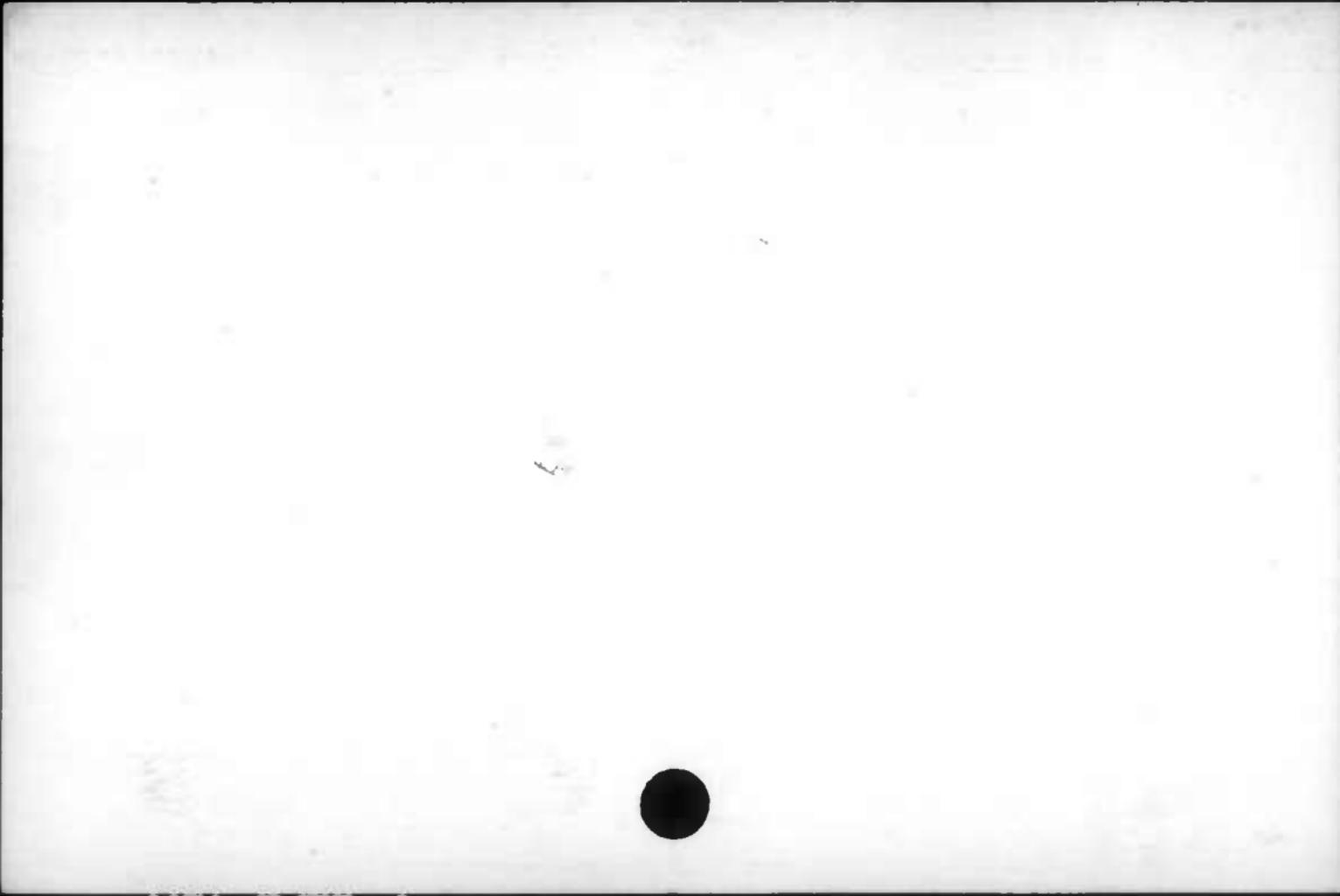
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Adelaide Hawkins.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Ashland ave Roland Park

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908

Oct.

19

Age

3

16

Sex

Female

Color or
Race

White

Birth-
place

Lutherville

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Alfred Charles Hawkins

Father's
Birthplace

England

Mother's
Maiden Name

Adelaide Gosselin

Mother's
Birthplace

England

Name of person giving
Information

Alfred Charles Hawkins

How related
to deceased

Father

CAUSES OF DEATH

Primary

Malaria.

1.79

How long

2 minutes

Immediate

Exhaustion.

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Armenian Hill Md
600 Whitman
Balt. Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

John Burros Sons
Toursors

Inlinient in
Prospect Hill
Cen.

Name
in
Full

Elsa. L. Hayden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month 10	Day 4	Age	Years	Months	Days
Sex	Female		Color or Race	white		Birth-place	Ind.
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	Eugene W. Hayden		Father's Birthplace	Ind.			
Mother's Maiden Name	Elsa Grafflin		Mother's Birthplace	Ind.			
Name of person giving information	Robt. L. Grafflin		How related to deceased	Uncle			

CAUSES OF DEATH

152

Primary Umbilical Hemorrhage
Immediate Shock
How long 2 hours
1/2 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

10-10-1908

C H Beiter M.D.
Mt Washington Ind

Accident or Suicide?

Dixie Ridge & Cuckoo²
Oct. 5- 1908

H. S. Marshall
3539 Falls Road

Name
in
Full

Mary Heinlein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1908	Oct.	11	72	72	8	23
Sex	Color or Race		Germany			
Female	White		Germany			
Occupation	Where Residing if not at place of death					
Retired	John Heinlein					
Married, Single or Widowed	Name of Wife or Husband		John Heinlein			
Widow	John Heinlein		John Heinlein			
Father's Name	Germany					
Not Known	Germany					
Mother's Maiden Name	Germany					
Not Known	Germany					
Name of person giving information	How related to deceased					
Geo. Heinlein	Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Anæmia Pectoris

80

How long

1 day -

Immediate

Heart block

How long

suddenly

Are the name, age, sex, color, date and place correctly given above?

p

Signature of Physician

Address

Geo. B. Brundage

125 Broadway -

Accident or Suicide?

St. Louis -

H. Sander & Sons,

St. Louis County

Oct. 14th 08.

Name
in
Full

Reese Hitchcock

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at St. Agnes Hospital Baltimore.

MARYLAND

Date of death	1908	Month	Oct.	Day	2 nd	Years	16	Months	-	Days
---------------	------	-------	------	-----	-----------------	-------	----	--------	---	------

Sex	Male	Color or Race	White	Birth-place	Baltimore
-----	------	---------------	-------	-------------	-----------

Occupation	Schoolboy	Where Residing if not at place of death	St. Agnes Hosp.
------------	-----------	---	-----------------

Married, Single or Widowed	Single	Name of Wife or Husband	-
----------------------------	--------	-------------------------	---

Father's Name	Robert F. Hitchcock	Father's Birthplace	Virginia
---------------	---------------------	---------------------	----------

Mother's Maiden Name	Bertha E. Meredith	Mother's Birthplace	Baltimore
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Name of person giving information	Clara M. Barnes	How related to deceased	Aunt
-----------------------------------	-----------------	-------------------------	------

CAUSES OF DEATH

1

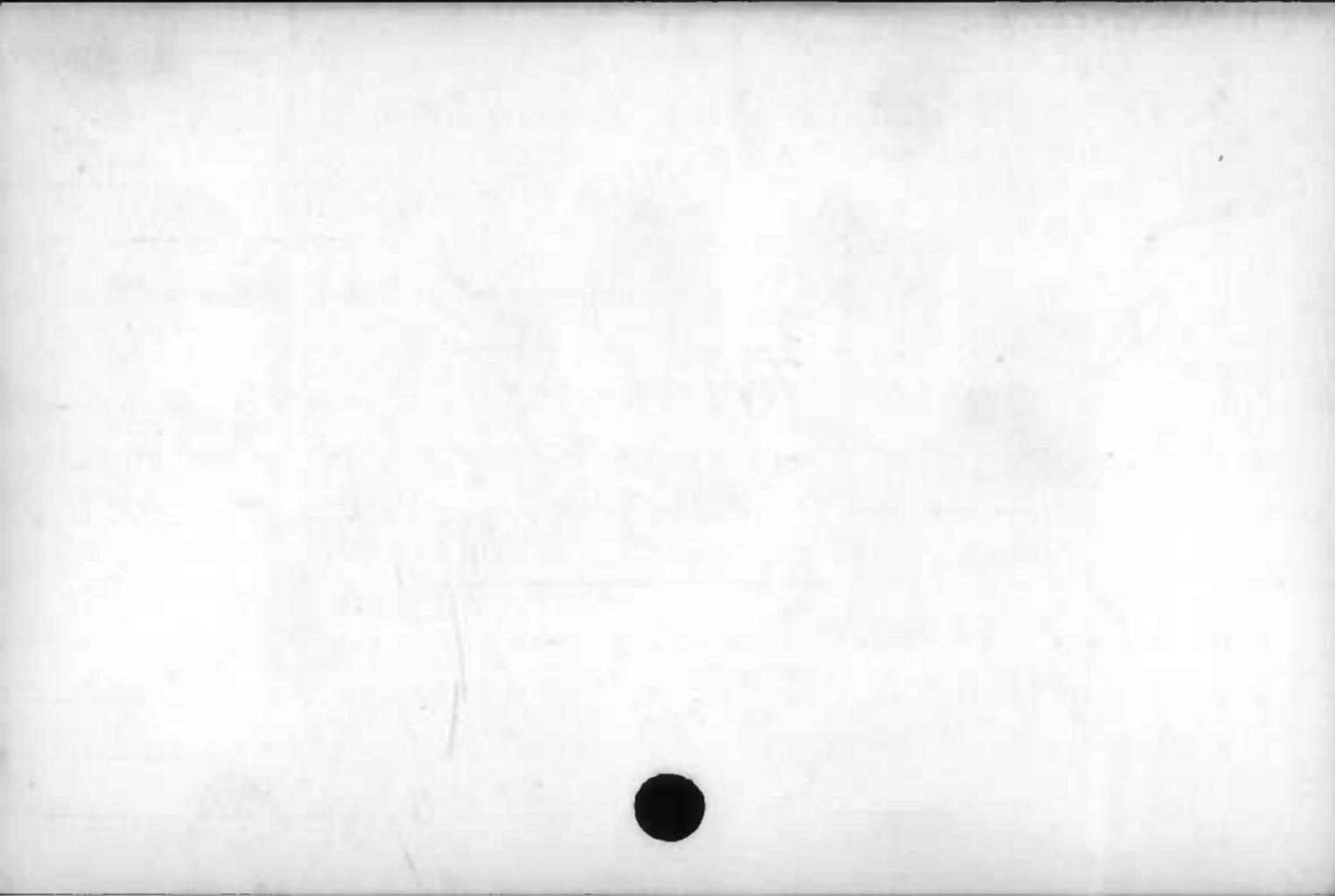
Primary	Lymphoid fever	How long	7 weeks
---------	----------------	----------	---------

Immediate	Intestinal obstruction following 36 hours operative for perforation.	How long	36 hours
-----------	---	----------	----------

PHYSICIAN
OR CORONER

Signature and place correctly given above?	Physician	Address	81 Sandwick Rd St. Agnes Hospital Baltimore
--	-----------	---------	---

Accident or Suicide?



Name
in
Full

Mrs. Lucy Macdonough Hodges

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Avalon</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>Oct.</u>	Day <u>24</u>	Age <u>73</u>	Years	Months <u>7</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Pittsburgh, Pa.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Avalon, Md. Co.</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Rev. J. S. B. Hodges</u>					
Father's Name <u>Charles Shaper</u>				Father's Birthplace <u>Connecticut</u>		
Mother's Maiden Name <u>Mary Anne Riddle</u>				Mother's Birthplace <u>Pennsylvania</u>		
Name of person giving Information <u>Rev. J. S. B. Hodges</u>				How related to deceased <u>Husband.</u>		

CAUSES OF DEATH

104

Primary

Acute Indigestion

6 or 7 hours

Immediate

Syncope - Cerebral hemorrhage?

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wm. R. Eauclaire

Address

Eek Ridge

PHYSICIAN
OR CORONER

Accident or Suicide?

Place of burial Allegheny Cemetery
Pittsburg Pa.

Henry W. Jenkins & Sons Co
Funeral Directors
300 W. Madison St
Baltimore Md.

Name
in
Full

Steele Birches — Homer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	City	MARYLAND	
Date of death	Month	Day	Age	Years Months Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place	
Occupation				
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Charles C. Homer Jr.			
Mother's Maiden Name	Marguerita V. Luckey.			
Name of person giving information	Dr. Dashiell			

(S)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Premature Births — 6 1/2 Weeks		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Address		
Accident or Suicide?	Gald - Ned	

Jeff Hughes
17 S Brady

the
Laudon Park
Cemetery

17 S Brady

Name
in
Full

Margaret A Horsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Garrison Point

County

Baltimore

MARYLAND

Date
of death

1908

Month

Oct

Day

26

Years

Age

Months

1

Days

Hour

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Henry Horsley

Father's
Birthplace

Va.

Mother's
Maiden Name

Alvasta Chigley

Mother's
Birthplace

Md.

Name of person giving
Information

Henry Horsley

How related
to deceased

Father

CAUSES OF DEATH

151

How long

How long

Primary

Inanition.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

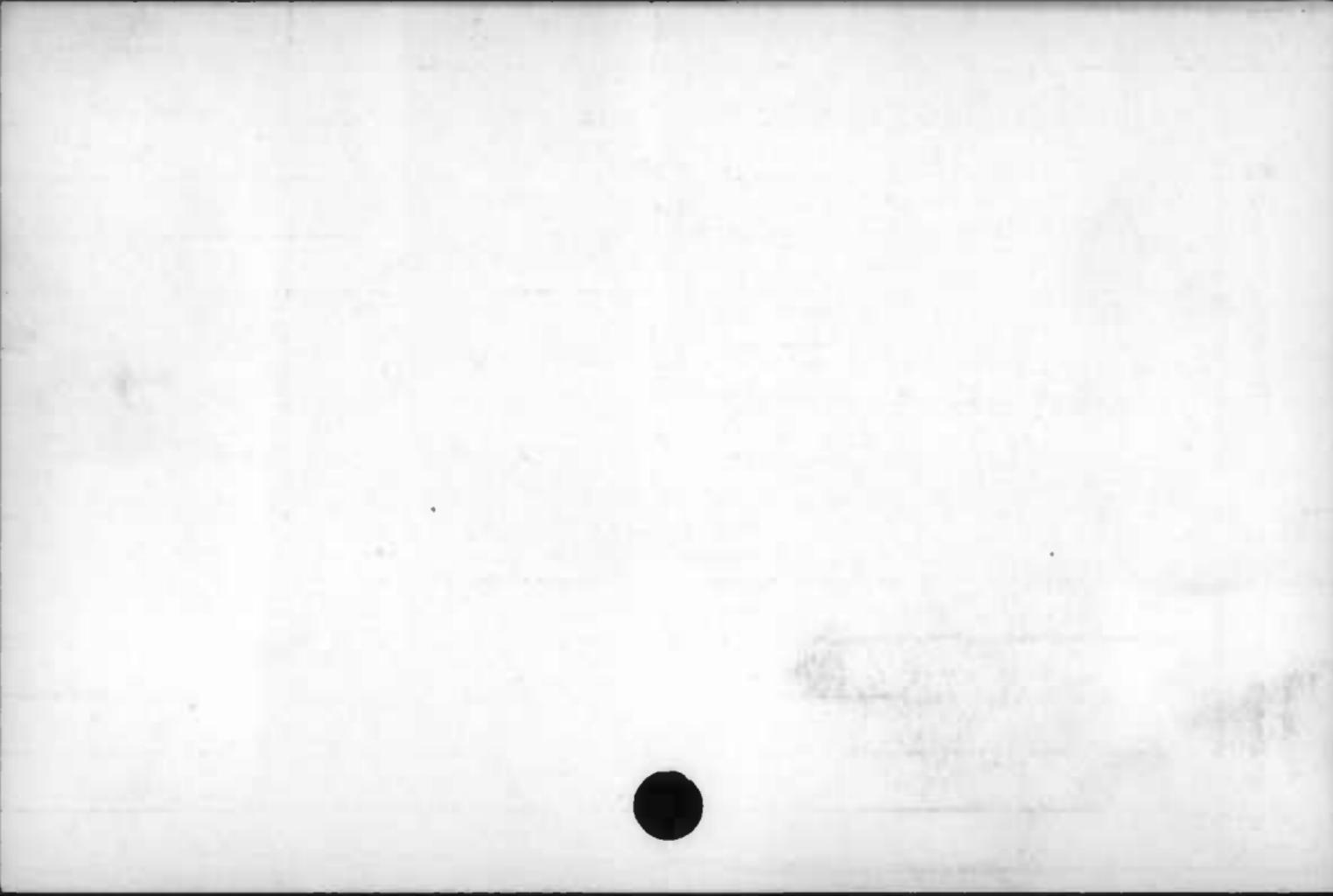
Signature of
Physician

Address

Joe Blair, Jr.
Garrison Point
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Hubbe

Died at Hoplandtown Town Baltimore County
Date of death 190 Month Oct. Day 10 Age 62 Month - Day -
Sex Male Color or Race white Birth-place Baltimore
Occupation Cooker Where residing if not at place of death 3302 Henderson St

Married, Single or Widowed Married Name of Wife or Husband Kate Hubbe

Father's Name Heerman Hubbe

Mother's Maiden Name Unknown

Name of person giving Information Brothers

Father's Birthplace Baltimore

Mother's Birthplace Unknown

How related Deceased Son

CAUSES OF DEATH

Primary

Chronic nephritis

120

How long

6 mos from history

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J H Gresham, M.D.
1303 Light St

PHYSICIAN
OR CORONER

Accident or Suicide

No

Schartz Cemetery
Non book
5026 North Ave
Balt. City

Name
in
Full

Marion W Hutchison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at	Halethorpe	Balto			
Date of death	1908	Month Oct	Day 24	Years 20	Months
Sex	Female	Color or Race	White	Birth-place	Balto Md
Occupation	None	Where Residing if not at place of death Halethorpe Balti Md			
Married, Single or Widowed	Name of Wife or Husband		—		
Father's Name	Edward W Hutchison		Father's Birthplace	Md	
Mother's Maiden Name	Susie E Dean		Mother's Birthplace	Md	
Name of person giving Information	Edward W Hutchison		How related to deceased	Father	

CAUSES OF DEATH

Primary

Bright's Kidney

120

How long

Immediate

Exhaustion

18 days

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Hall
Mr. W. W. Winsor

PHYSICIAN
OR CORONER

Accident or Suicide

for B. book
London Park

Name
in
Full

Lucy A. James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Oct	9	86		
Sex	Color or Race	white	Birth-place	Ohio	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Dr.	Name of Wife or Husband	William James		
Father's Name	Robert Dunn				
Mother's Maiden Name	Lucy. Angus				
Name of person giving information	James A. James				

41

CAUSES OF DEATH

Primary Carcinoma of Rectum

How long
2 years.

Immediate General Weakness.

How long
2 years.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. Duval Atkinson
921 N. Charles St.

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Greenmount Clue

✓ Henry Franklin Stone Co

Name
in
Full

Infant Um & Effie Jenkins —

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Month	Days	
1908	Oct	20	—	—	—	
Sex	Male	Color or Race	White	Birth-place	W. Cork Cork	
Occupation	<u>Waiter</u>					
Married, Single or Widowed	Single	Name of Wife or Husband	Effie. M. Jenkins	Where Residing if not at place of death	607. S. Clark	
Father's Name	<u>Um Jenkins</u>					
Mother's Maiden Name	<u>Effie. A. B. Leoy</u>					
Name of person giving Information	<u>Um Jenkins</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born infant — ✓

(S)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mrs. Ed. Shipley, —
3403 / St. Ann,

Accident or Suicide

Mrs. Cornell
Cornell

Name
in
Full

Cayoline Johnson
Town Sparrows Point
County Baltimore.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Negro-	Birth-place	Virginia
Occupation	Domestic				
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Nella Johnson		Mother's Birthplace	Va.	
Name of person giving Information	Amelia Mason		How related to deceased	Aunt	

CAUSES OF DEATH

27

How long

How long

Primary
Supposed to be
Tuberculosis

Immediate

Are the name, age, sex, color, date and place correctly given above?

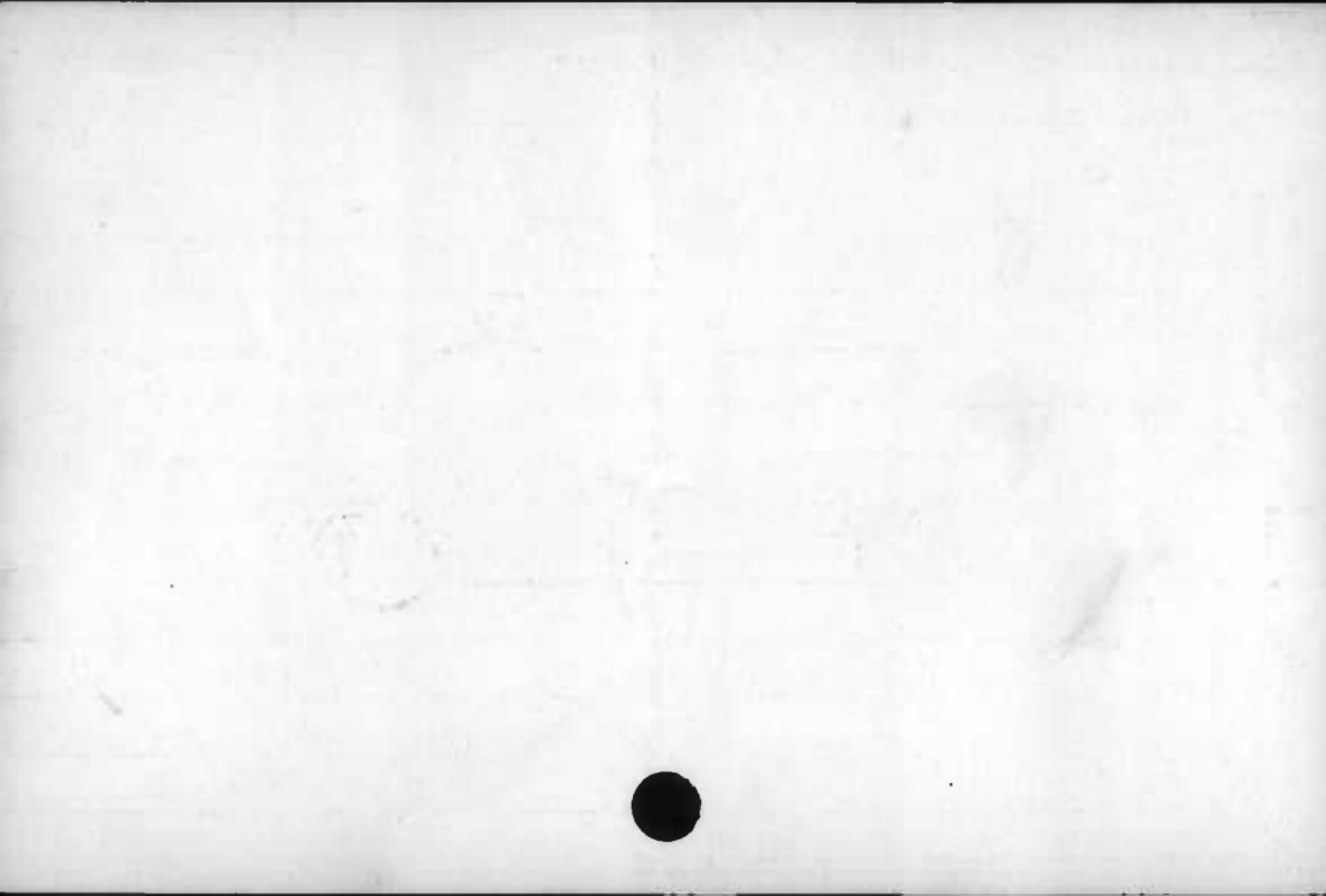
Signature of Physician

Address

Los Blair (Coroner)
Sparrows Point
15th District
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Rossville

Town

County

Isaac Johnson,
Baltimore Co.

Date
of death

1908 Oct

Month

7

Day

Years

Age 55

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Virginia

Occupation

Farm Laborer

Where Residing if not
at place of death

Rossville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Johnson.

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

William Smith

How related
to deceased

unknown

CAUSES OF DEATH

Primary

Consumption

27

How long

Sudden

Immediate

Ex hemorrhage.

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John Getman.

Rossville, Baltimore Co. - Md.

Accident or Suicide?

15th
Natural death

Acting Coroner,

Name
in
Full

George Thomas Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190		Month Oct	Day 27	Years 41	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Maryland	
Occupation	Teamster		Where Residing if not at place of death	At place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Gertrude Jones		Father's Birthplace	Maryland
Father's Name	John Henry Jones				Mother's Birthplace	Maryland
Mother's Maiden Name	Mary Elizabeth Young				How related to deceased	Brother
Name of person giving information	Howard Jones				79	How long

CAUSES OF DEATH

Primary	Organic Heart		How long	1 yr.
Immediate	Organic Heart		How long	1 yr.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	George L. Young M.D.	
		Address	Hamilton, Md	
Accident or Suicide?	Do		Md	

PHYSICIAN
OR CORONER

Mt Zion Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mura Jones

Died at Poplar Heights		County Balto -		MARYLAND	
Date of death 1908	Month Oct.	Day 18	Age —	Months 4	Days —
Sex Female	Color or Race Col.	Birth- place Poplar Heights -			
Occupation Infant	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband —				
Father's Name Chas. Jones			Father's Birthplace Md.		
Mother's Maiden Name Mary Brown			Mother's Birthplace Md.		
Name of person giving Information Chas. Jones	How related to deceased Father				

CAUSES OF DEATH

179

Primary

Marasmus

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

A. K. Peltier
Sparrow's St.
Md.

Accident or Suicide?

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Lizzie M. Jones
Town
Died at Poplar Heights Bullets.

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 1905	Oct.	5	Age	3	

Sex Female	Color or Race Negro	Birth-place Md.
------------	---------------------	-----------------

Occupation None	Where Residing if not at place of death
-----------------	---

Married, Single or Widowed	Name of Wife or Husband
----------------------------	-------------------------

Father's Name	Columbus Jones	Father's Birthplace
---------------	----------------	---------------------

Mother's Maiden Name	Jessie Jackson	Mother's Birthplace
----------------------	----------------	---------------------

Name of person giving information	Columbus Jones	How related to deceased
-----------------------------------	----------------	-------------------------

105

CAUSES OF DEATH

Primary	Enteric Colitis	How long
---------	-----------------	----------

Immediate	Infective Enteritis	How long
-----------	---------------------	----------

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

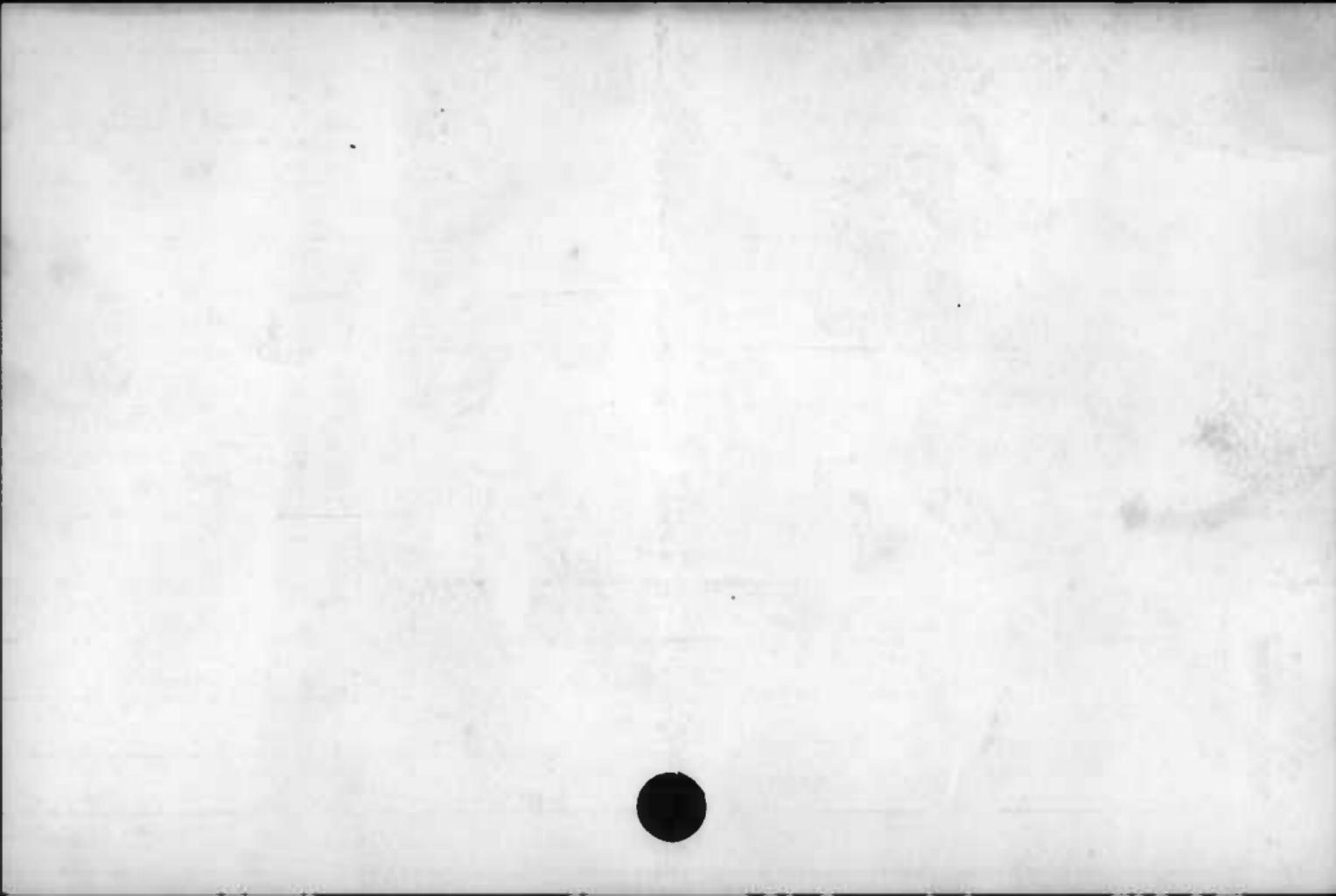
Address

J. G. Eldred M.D.

Sperry Point
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Bruijquan F. Kidd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Health Ins. Town 996 Falls Road		County Baltimore		MARYLAND			
Date of death 1908	Month Oct	Day 29	Age 80	Years 80	Months 1	Days 15	
Sex Male	Color of Race white			Birth- place Baltimore Md			
Occupation Sax ton	Where Residing if not at place of death 996 Falls Road						
Married, Single or Widowed Married	Name of Wife or Husband Mary d. Kidd						
Father's Name Daniel Kidd			Father's Birthplace Baltimore Co Md				
Mother's Maiden Name Mary Kidd			Mother's Birthplace " " "				
Name of person giving Information Mary Kidd			How related to deceased Wife				

CAUSES OF DEATH

Primary

Cancer of Stomach

40

Immediate

New Jan

One year

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. C. Riley, M.D.
3849 Roland Avenue
Baltimore

Accident or Suicide?

Baltimore Cemetery

Nov. 1-1908

N. S. Marshall
3539 Falls Road

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Augustus A Kinstendorff, Jr

CERTIFICATE OF DEATH

Died at		Town	County	
Hamilton		Baltimore		
Date of death	1908	Month 10	Day 19	Years
Sex	Male	Color or Race	White	Months
Occupation	A	Where Residing if not at place of death	Baltimore 2nd Hamilton Baltimore 2nd	
Married, Single or Widowed	—	Name of Wife or Husband		
Father's Name	Augustus A Kinstendorff Maryland			
Mother's Maiden Name	Julia E. H. Schulz			
Name of person giving information	Father			

CAUSES OF DEATH

151

Primary

Premature birth birth

How long

8th month

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

St. S. Kinstendorff

Address

1508 E. Franklin

Baltimore

Accident or Suicide?

no

Baltimore Cuckoo
Feed less about 2mo

Name
in
Full

Joseph Walters Kleeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Pikesville		Baltimore					
Date of death	1908	Month 70	Day 21	Years 13	Months	Days	
Sex	Male	Color or Race	White	Birth-place Balto. Co.			
Occupation	School Boy	Where Residing if not at place of death			Pikesville		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Ios. E. Kleeman				Father's Birthplace	Balto Co	
Mother's Maiden Name	Albertine Walters				Mother's Birthplace	Balto. Co	
Name of person giving information	Albertine Walters				How related to deceased	Mother	

CAUSES OF DEATH

79

Primary

Fatty degeneration of heart

How long

Several years

Immediate

Pulmonary congestion

How long

14 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

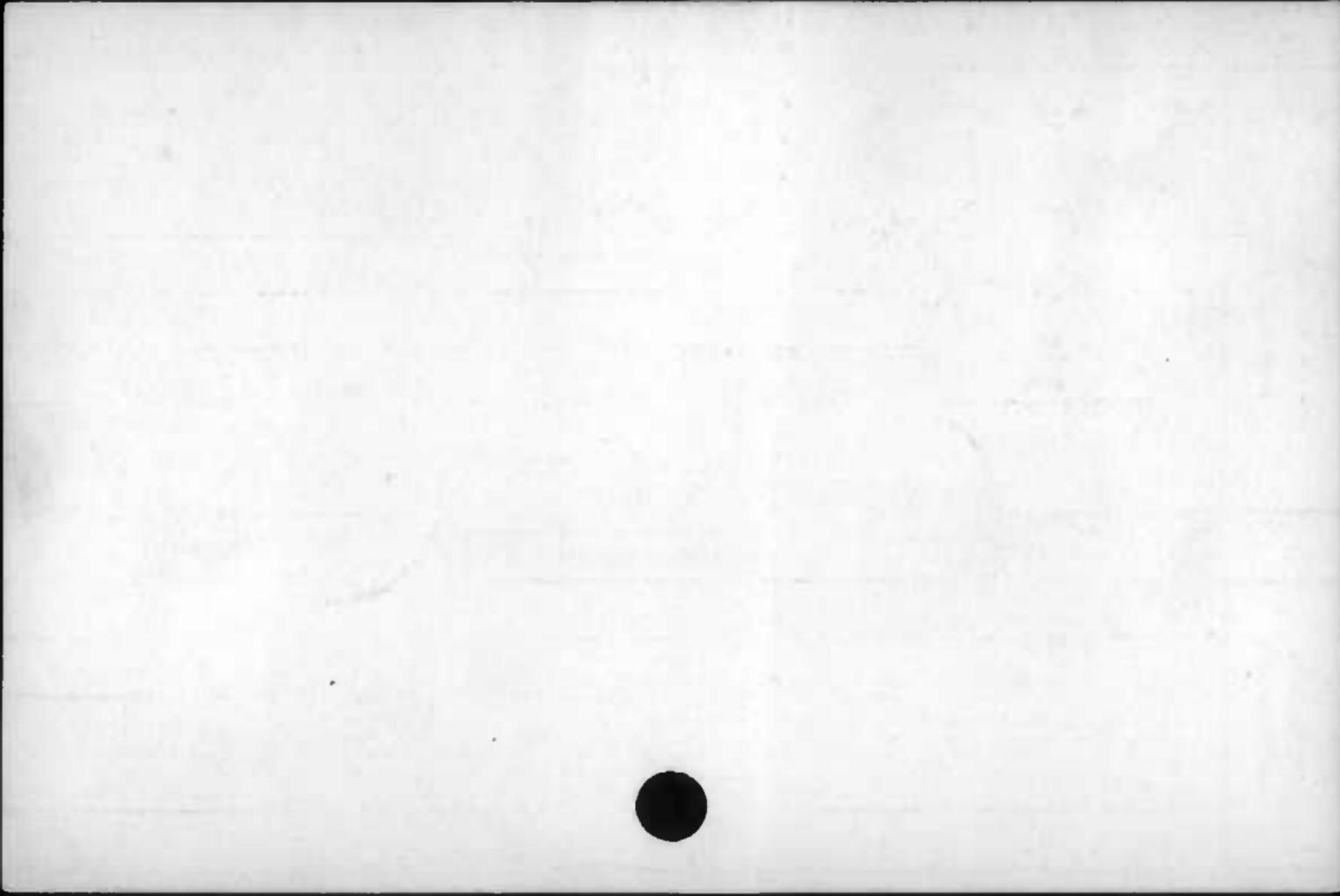
Address

W. E. M.

Pikesville Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Emily J Klein

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Kensington Heights		Balto Co.			
Date of death	Month	Day	Years	Age	Months	Days
1908	October	16	52	52	7	—
Sex	Female	Color or Race	white		Birth-place	Baltimore
Occupation	Music teacher -			Where Residing if not at place of death	36 Parkin St. Balto.	
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	John J. Klein			Father's Birthplace	Germany	
Mother's Maiden Name	Unknown			Mother's Birthplace	Germany	
Name of person giving information	Mr Joseph Bauer			How related to deceased	2 nd Cousin - German.	

CAUSES OF DEATH

79

How long

5 or 6 yrs

Primary Ch. Valvular disease.

How long

2 or 3 wks.

Immediate Anæmia & Pulm. Oedema.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

J. W. Keown.

Address

1938 Linden Ave

Accident or Suicide?

No.



Name
in
Full

Geo. A. Knell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Morell Park		County Baltimore	MARYLAND	
Date of death	1908	Month Oct	Day 9	Age 5	Years Months Days
Sex	male	Color or Race	white	Birth- place	Baltimore Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Geo. A. Knell				
Mother's Maiden Name	Elsie Fisher				
Name of person giving Information	Geo. Knell				

CAUSES OF DEATH

9

Primary

Laryngeal Diphtheria

How long

2 days.

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Geo. S. M. Kieffer

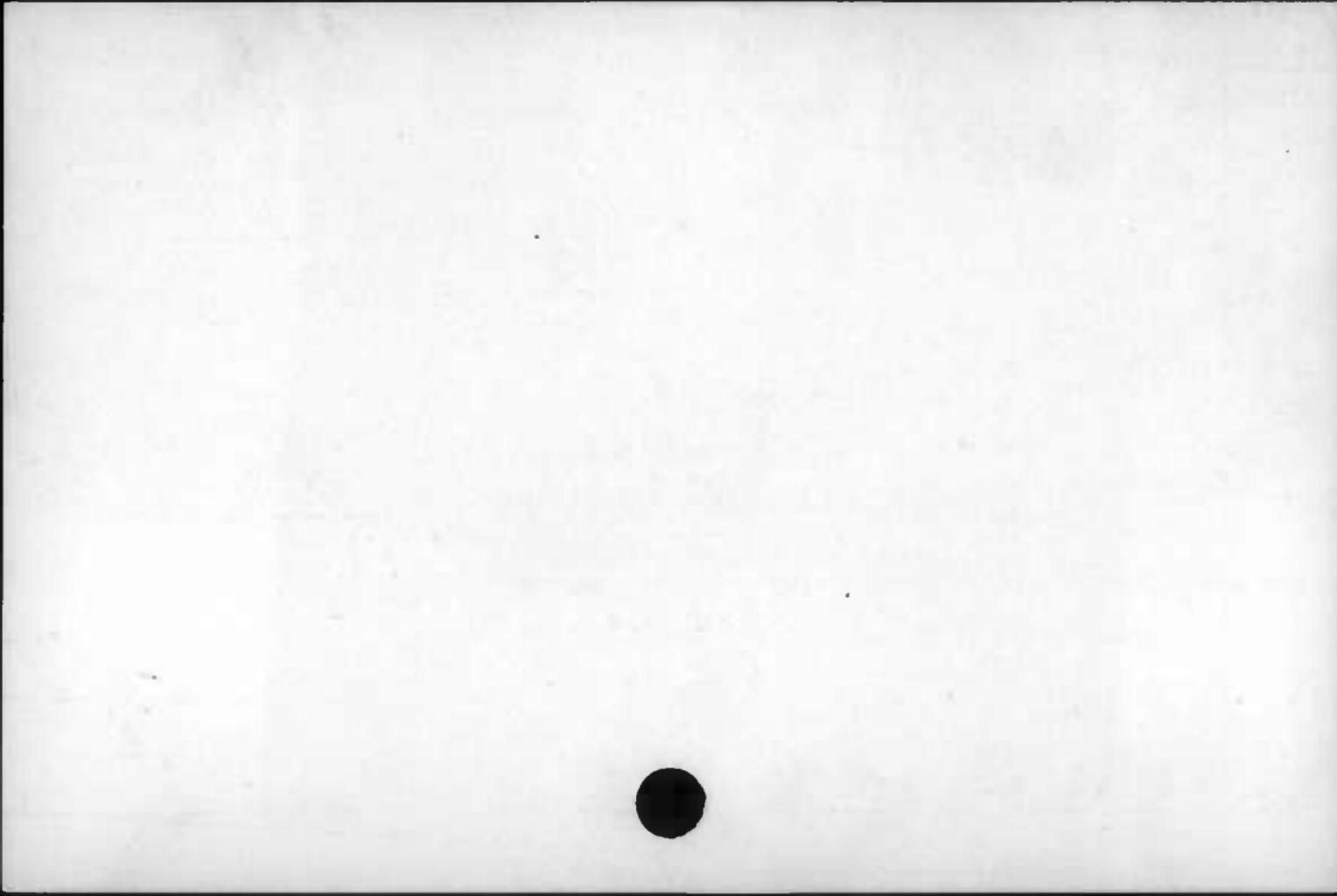
Address

Morell Park

13th District

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Alga Ghreska Kraeger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Name	
Married, Single or Widowed	Name of Wife or Husband	None			Sam
Father's Name	Adolph Kraeger			Father's Birthplace	
Mother's Maiden Name	Anna Sipka			Germann	
Name of person giving information	Annie Kraeger			Mother	

CAUSES OF DEATH

131

How long

How long

PHYSICIAN
OR CORONER

Primary

Infection

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

W. S. Sudler, M.D.
3336 E. Baltimore

Accident or Suicide?

1st Evangelical Cen.

Oct 7/08

H. Sander

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town <u>Sweetair</u>	County <u>Baltimore</u>	MARYLAND			
Date of death	Month <u>1908 Oct.</u>	Day <u>19</u>	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>		
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Sweetair</u>					
Occupation <u> </u>		Where Residing if not at place of death <u> </u>					
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband					
Father's Name	<u>Nicholas Lacey</u>		Father's Birthplace <u>Gorontown, Me</u>				
Mother's Maiden Name	<u> </u>		Mother's Birthplace <u>Harford Co., Md.</u>				
Name of person giving information	<u>Nicholas Lacey</u>		How related to deceased <u>Father</u>				

CAUSES OF DEATH

S
How long

How long at term

Primary

still born

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

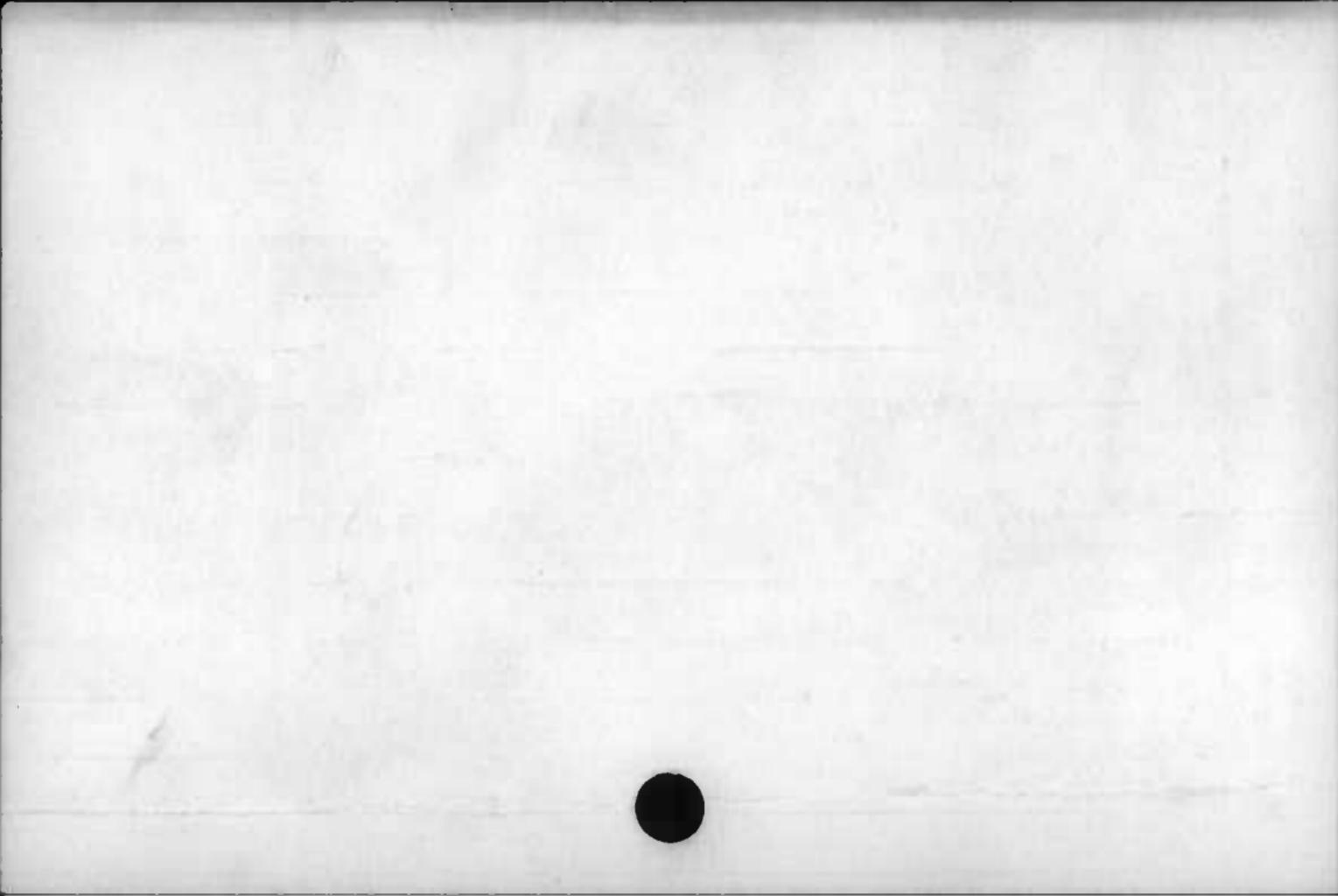
Signature of Physician

Address

Thos. H. Emory, Jr.
Monkton, Md.

Accident or Suicide?

no



Name
in
Full

Myrtle Lund

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

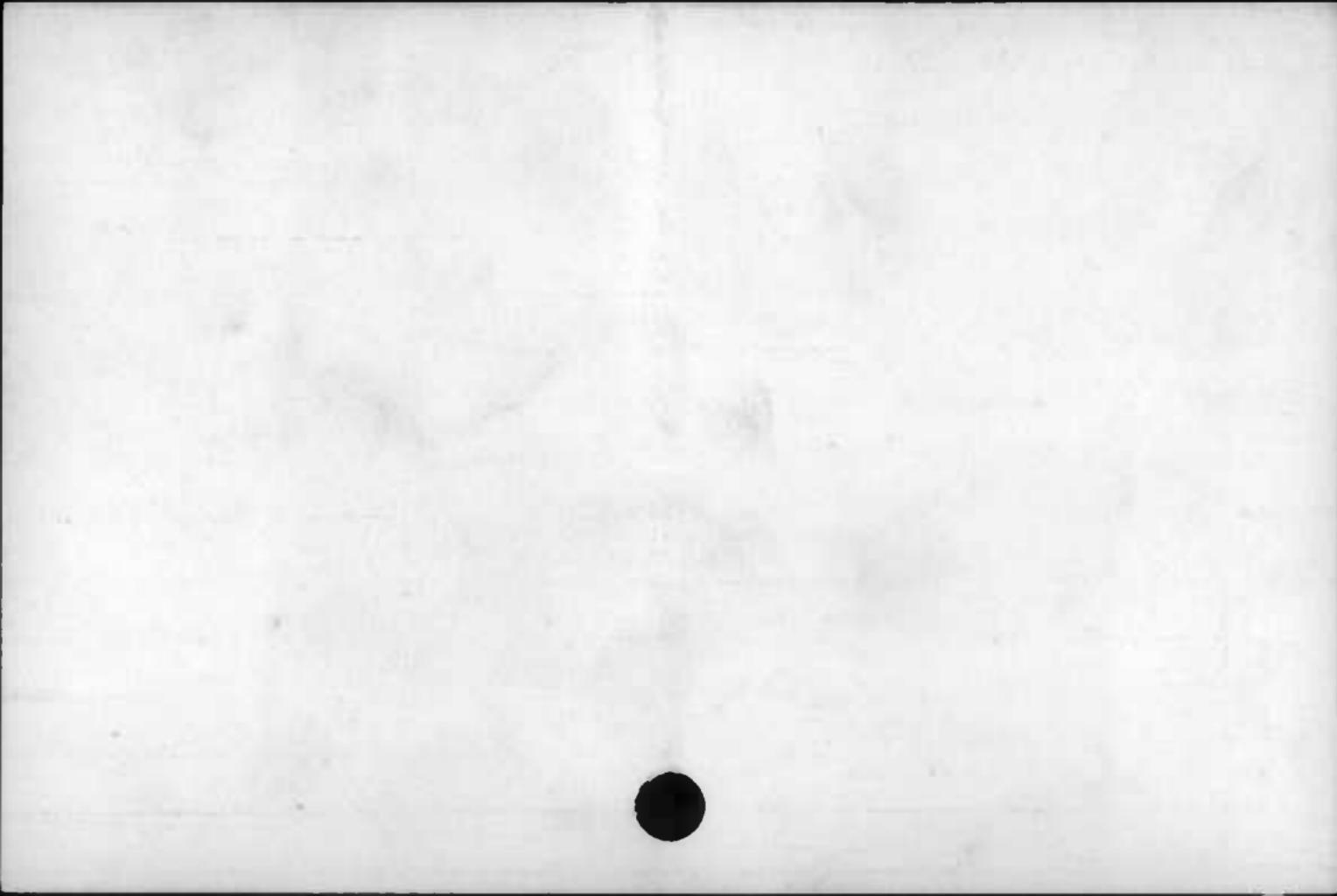
Died at		Town	County		MARYLAND	
Date of death	1905	Month Oct.	Day 27	Years	Months 3	Days
Sex	Female	Color or Race	Negro	Birth-place	Baltimore	
Occupation	Wife	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	James Lund			Father's Birthplace	Va.	
Mother's Maiden Name	Mary Elsie			Mother's Birthplace	W.	
Name of person giving information	James Lund			How related to deceased	Foster	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Infantile Cholera		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. C. Stolzenberg
		Address	James Bond Md.
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<h1>Sarah A Barkins</h1>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Died at		owings Mills	Baltimore			
Date of death	1908	Month Oct	Day 15	Years	Age 60	Months
Sex	Female	Color or Race	white	Birth-place	Red	Days
Married, Single or Widowed			Occupation			
Name of Wife or Husband	Wm. 36 Barkins					
Father's Name	Henry Fraule			Father's Birthplace	Unknown	
Mother's Maiden Name	Hannah High			Mother's Birthplace	Unknown	
Name of person giving information	Sarah Barkins			How related to deceased	Sore	

CAUSES OF DEATH

1

Primary	Typhobia from & berhosis of liver	How long	3 or 4 mo.
Immediate	Weakness	How long	3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Thorpe

Glyndar

4 The White Red

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary E Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	Death		Birth-place		
Occupation	Wife of Machinist		Where Residing if not at place of death		Baltimore		
Married, Single or Widowed	Widow	Name of Wife or Husband	not Known		Baltimore		
Father's Name	not Known		not Known		Father's Birthplace	not Known	
Mother's Maiden Name	"	"	not Known		Mother's Birthplace	not Known	
Name of person giving information	Reeds Mt Hope		not at all		How related to deceased	not at all	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria Senile		How long	8 wks
Immediate	81 - Chr - Bright's Dis - not Known		How long	not Known
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank J Flanary	
		Address	Mt Hope Repts Baltimore Md	
Accident or Suicide?				

Name
in
Full

George W. Lloyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Grange

Town

County

Baltimore

MARYLAND

Date
of death

1908

Month

Oct

Day

18

Years

53

Month

Day

Age

53

Sex

Male

Color or
Race

white

Birth-
place

Baltimore

Occupation

Driver

Where Residing if not
at place of death

St. Point Road, near East
Baltimore

Married, Single
or Widowed

Married

Name of Wife or
Husband

Catherine M. Lloyd

Father's
Name

Geo. Lloyd

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Virginia Lloyd

Mother's
Birthplace

Baltimore

Name of person giving
Information

Catherine M. Lloyd

How related
to deceased

wife

CAUSES OF DEATH

64

Primary

Arterio - Sclerosis

How long

Unknown

Immediate

Abscission

How long

1/2 hr

Are the name, age, sex, color, date
and place correctly given above?

Yes,

Signature of
Physician

Address

Dr. F. A. Glantz

3241 Eastern Ave. Est.

Accident or Suicide

McBarnul lemn.

J. Henwig Jr.
10/20/08

Name
in
Full

Emma L. Loos

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roseburg</u>		Town	County <u>Balt.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>1</u>	Years <u>1</u>	Months <u>8</u>	Days <u>5</u>	
Sex <u>F</u>	Color or Race <u>W</u>			Birthplace <u>Balt. Co. Md.</u>		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Fred. M. Loos</u>				Father's Birthplace <u>Balt. Md.</u>		
Mother's Maiden Name <u>Emma Kochler</u>				Mother's Birthplace <u>Balt. Md.</u>		
Name of person giving Information <u>F. M. Loos</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

28

Primary Tubercular Meningitis How long 2 weeks

Immediate Exhaustion How long 5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. L. Wilkinson
Roseburg Md.

Accident or Suicide?

14th Street

PHYSICIAN
OR CORONER

F. Lassahn & Sons
~~Bethel~~ City
Trinity County

Name
in
Full

Mary Loretta Livers

CERTIFICATE OF DEATH

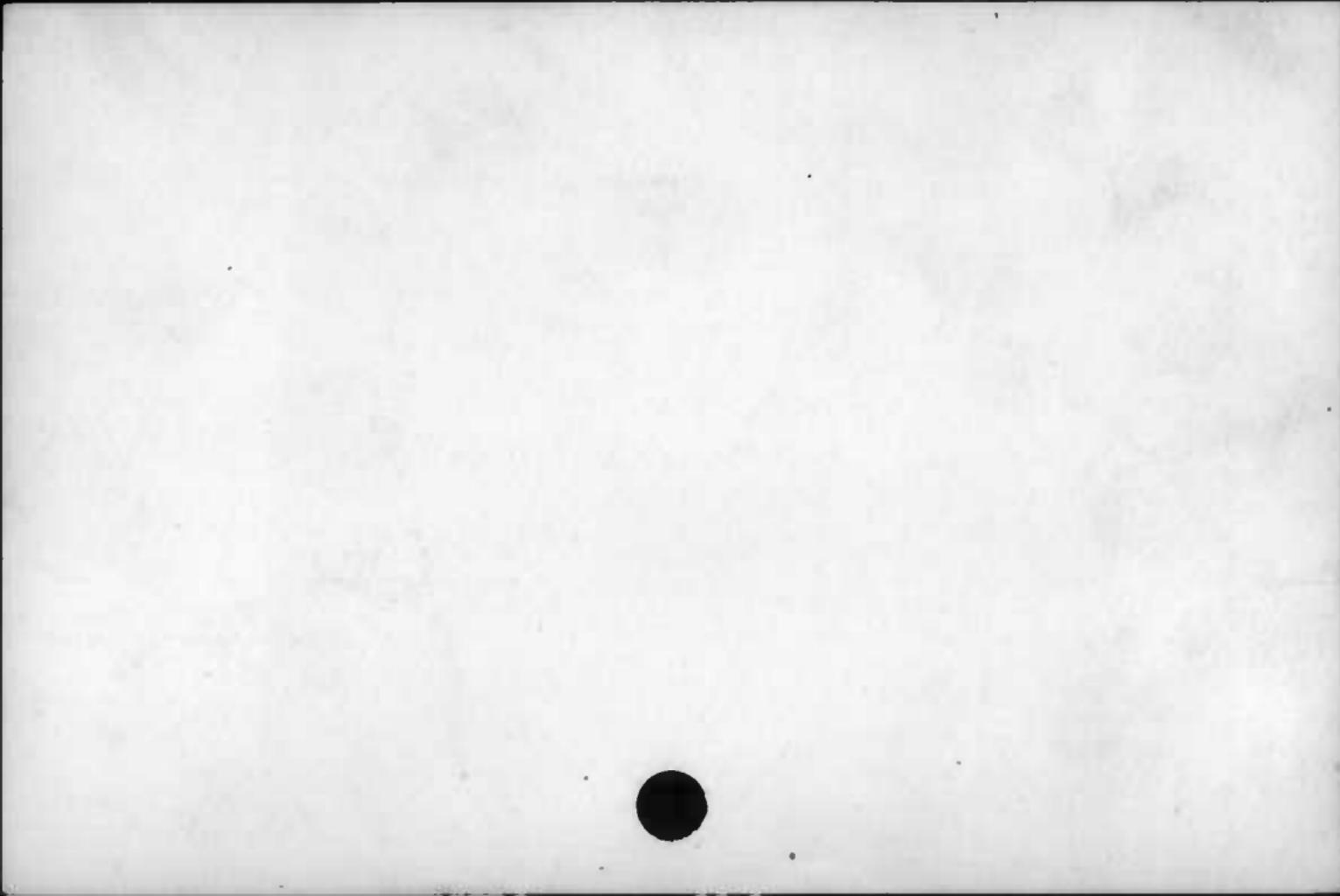
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month Oct	Day 16	Years 12	Months 10	Days 1
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Schoolgirl	Where Residing if not at place of death			Armen's Mills	
Married, Single or Widowed	Single	Name of Wife or Husband			-	
Father's Name	Joseph J. Livers	Father's Birthplace			Gathorne	
Mother's Maiden Name	Rebecca J. Ohl	Mother's Birthplace			Balt Co Md	
Name of person giving information	Mrs. Beccraft	How related to deceased			Aunt	
CAUSES OF DEATH						
Primary	Tubercular Spleen			How long	about 3 weeks	
Immediate	Pneumia			How long	3 days	

33

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. S. Buppert
		Address	Post Office, Balt Co Md
Accident or Suicide?		2nd District	



Name
in
Full

Robert McGee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Rockland		Died at Ballo.		MARYLAND	
Date of death 1908	Month Oct	Day 20	Years Age. 62	Months —	Days —
Sex Male	Color or Race white	Birth- place Ballo. Co.			
Occupation Bleacher	Where Residing if not at place of death Rockland				
Married, Single or Widower Married	Name of Wife or Husband Mary R. McGee	Father's Name Robert McGee			
Father's Name Robert McGee	Father's Birthplace England				
Mother's Maiden Name Nellie Wright	Mother's Birthplace England				
Name of person giving Information Mary McGee	How related to deceased wife				

CAUSES OF DEATH

178

Primary

Immediate

Cardiac syncope

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Burford Johnson
Rider, Md.

Accident or Suicide?

Robert the Gee
John Burnes Sons
Sons

Pleasant Hill
County
Davisonville
Balto. C.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Marshall

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1907	Month 12	Day 21	Age 51	Years	Months Days
Sex	Female	Color or Race	White	Birth-place	Ireland	
Occupation	Housewife		Where Residing if not at place of death	John Marshall		
Married, Single or Widowed	Name of Wife or Husband		John Marshall			
Father's Name	John Mackay		Father's Birthplace	Ireland		
Mother's Maiden Name	Mary J. O'body		Mother's Birthplace	Ireland		
Name of person giving information	John Marshall		How related to deceased	Lubward		

CAUSES OF DEATH

142

Primary	Fatty degeneration of heart		Indefinite
Immediate	Gangrene of leg		3 day s.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. J. McCaughan
		Address	839 S Caulfield
Accident or Suicide?			

McGraw

McGraw

Joseph M. Crowley
25 N. Fulton Ave.
Holy Cross Cemetery

Oct. 23/08.

Name
in
Full

Wm. Melkinton Dryden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Baltimore		Baltimore				
Date of death	1908	Month	Day	Years	Months	Days
Oct		22		—	2	0
Sex	—	Color or Race	Colored	Birth-place	—	—
Occupation	clerk	Where Residing if not at place of death	—	—	—	—
Married, Single or Widowed	—	Name of Wife or Husband	—	—	—	—
Father's Name	Geo. Melkinton	Father's Birthplace	—	—	—	—
Mother's Maiden Name	Johanna a Puckley	Mother's Birthplace	—	—	—	—
Name of person giving Information	Geo. Melkinton	How related to deceased	—	—	—	—

CAUSES OF DEATH

Primary

Brachectos

90

How long

1 wk.

Immediate

Aschem

How long

2 mo.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John W. Harrison M.D.
Middle River Md.

Accident or Suicide

—

Name
in
Full

Sophia S. Milbourne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County,		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	October	30	Age	79	18	
Sex	Color or Race	white	Birth-place	Baltimore Md		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Govans town			
Father's Name	John P. Dergel					
Mother's Maiden Name	D. Weller					
Name of person giving Information	Mayant Milbourne					

CAUSES OF DEATH

Primary

Neurasthenia

Immediate

Meningitis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. L. Duncan

Address

Govans town Md.
9th District

Accident or Disease

Wm Cook
502 E North Ave
Nov. 21 1908
Leeder Hill
Cemetery

Ansundale Cemetery

Name
in
Full

Sorisa Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Overlea</u>		County <u>Baltimore</u>	MARYLAND	
Date of death <u>1908 Oct.</u>	Month <u>Oct.</u>	Day <u>30</u>	Age <u>37</u>	Years <u>5</u> Months <u>5</u> Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>		
Occupation <u>House-wife</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband			
Father's Name <u>Ches. H. Wheeler</u>	Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Susan Smith</u>	Mother's Birthplace <u>England</u>			
Name of person giving information <u>Ches. H. Wheeler</u>	How related to deceased <u>Brother</u>			

CAUSES OF DEATH

69

How long

How long

about 4 weeks

Primary

Epilepsy

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. F. Clayton

Overlea

Accident or Suicide?

Baltimore Cemetery

Nov 2, 1908

Robt T. Turner

Broadway & olive Sts.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James B Mitchell

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died st

Boring

Ballo

Date
of death

1908 Oct

Month

Day

Year

Months

Days

Age

64

Sex

Male

Color or
Race

White

Birth-
place

Ballo Colyng

Occupation

Real Estate agent

Where Readiing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Huabnd

Sigie B Mitchell

Fathar's
Birthplace

Unknown

Father's
Name

John Mitchell

Mother's
Maiden Name

Unknown

Mothar's
Birthplace

Unknown

Name of person giving
Information

Sigie Mitchell

How related
to deceaad

Wife

CAUSES OF DEATH

Primary

Cardiac Hemorrhage

64

How long

6 yrs

How long

Immediaata

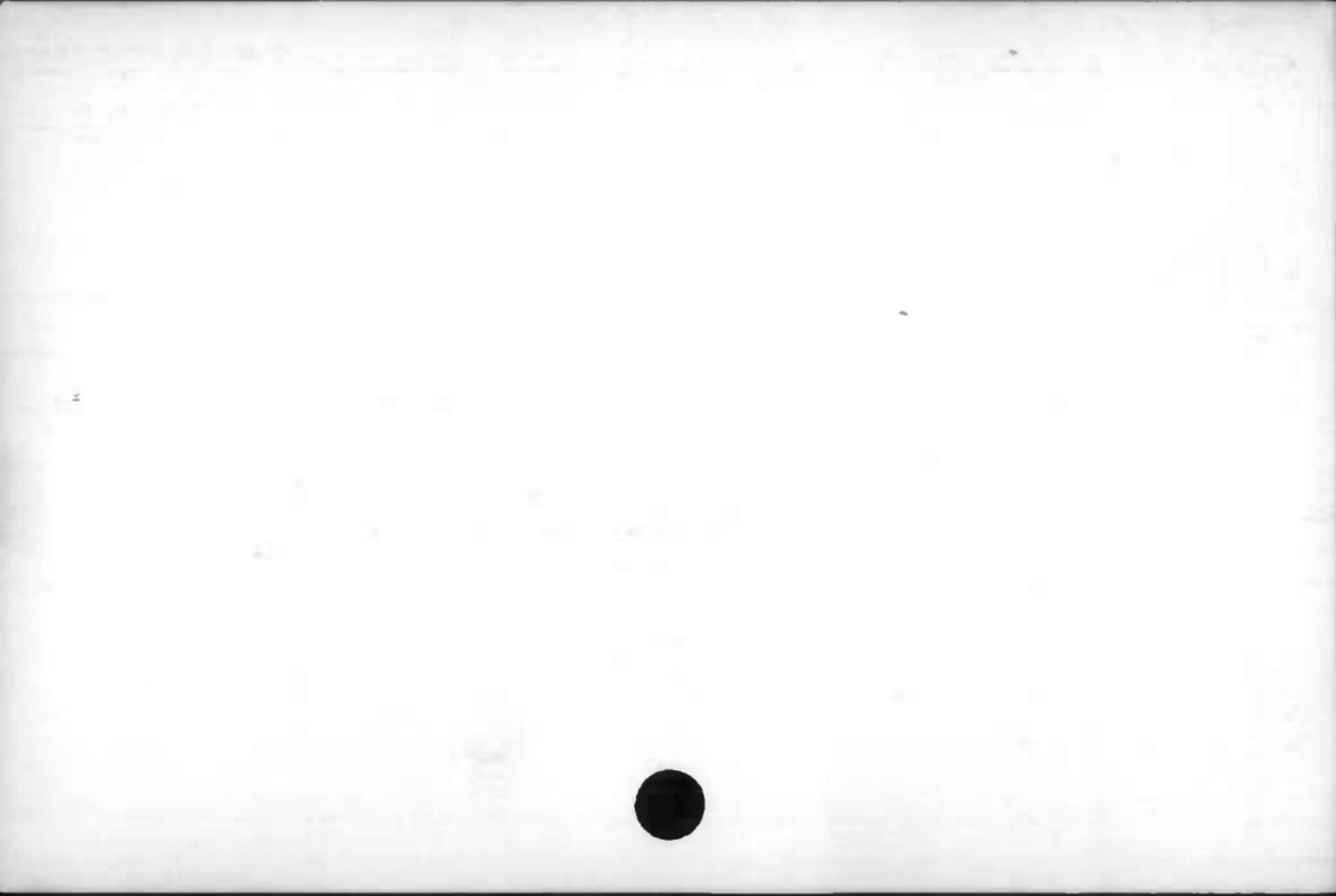
Are tha name, age, sex, color, date
and placia correctly given above ?

Signature of
Physcian

Address

Wmslade
Richestown

Accident or Suicide



Name
in
Full

George Louis Muth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>October</u>	Day <u>10</u>	Age <u>65</u>	Years	Months <u>8</u>	Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>Wholesale Druggist</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Mary Margaret Spaab</u>					
Father's Name <u>Sebastian Muth</u>	Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Anna May Rath</u>	Mother's Birthplace <u>Germany</u>					
Name of person giving Information <u>Thoburn</u>	How related to deceased <u>Nephew</u>					
CAUSES OF DEATH						
Primary <u>Nephritis, Typhophobia & heart</u>	How long <u>10 months</u>					
Immediate <u>Uremic Coma</u>	How long <u>6 hours</u>					

120

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Chastaigne Muth
Baltimore

Accident or Suicide?

Henry F. Hastings and Sons Co

New Cathedral Cemetery

Name
in
Full

Maggie M Nash

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Texas	Balto.					
Date of death	1908	Month 10	Day 23	Years 19	Months	Days
Sex	Female		Color or Race	white	Birthplace	Texas, Md
Occupation	Housewife		Where Residing if not at place of death as above			
Married, Single or Widowed	Married		Name of Wife or Husband	Ephraim E Nash		
Father's Name	Chas Nash		Texas Md			
Mother's Maiden Name	Laura Tracey		Mother's Birthplace Monkton			
Name of person giving information	Wm Coy		How related to deceased Cousin			

CAUSES OF DEATH

27

Primary Pulmonary & Intestinal

How long

Immediate Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. T. B. Bussey

Address

Texas

No

8th District Md

PHYSICIAN
OR CORONER

Funeral at Texas
Monday Oct 26

H. C. Brooks

Name
in
Full

Rosa Ernabell Taylor
Buller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Buller		County	Maryland			
Date of death	1908	Month 10	Day 27	Age 17	Years	Months 3	Days 12
Sex	Female		Color or Race	White		Birth-place	Trenton Md
Occupation	Housewife		Where Residing if not at place of death	Buller Md			
Married, Single or Widowed	Single		Name of Wife or Husband	Lewis Albert Taylor			
Father's Name	Shadrack K. Cole		Father's Birthplace	Hampstead Md			
Mother's Maiden Name	Rebecca J. Harris		Mother's Birthplace	" "			
Name of person giving Information	Shadrack K. Cole		How related to deceased	Father			

CAUSES OF DEATH

Primary

Puerperal Eclampsia

138

How long

24 hours

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

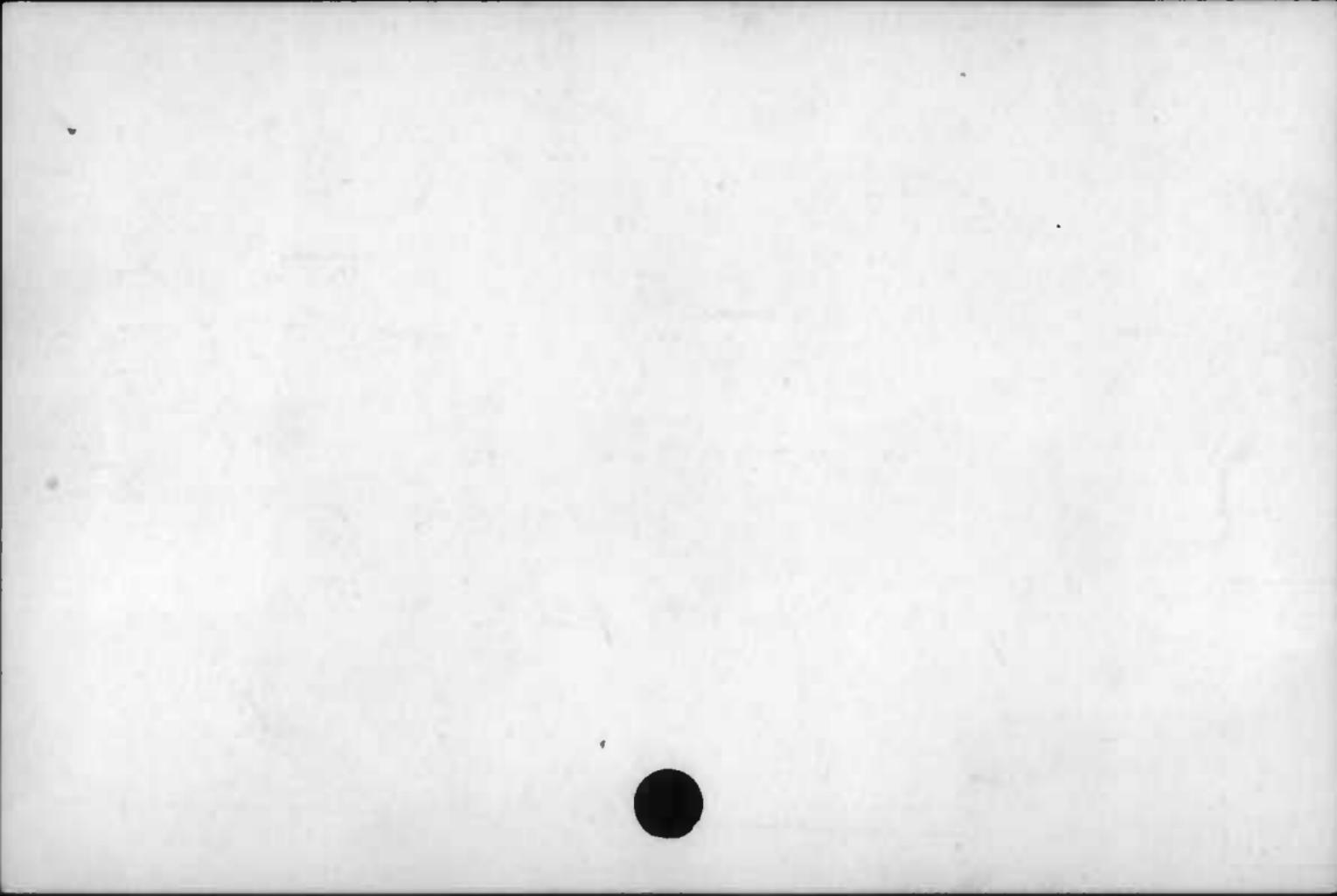
Address

Shadrack Md
Rockville Rd. Md

PHYSICIAN
OR CORONER

Accident or Suicide?

5



Name
in
Full

Miss Georgia Stulon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Gowson	Baltimore				
Date of death	1908	Month	Day	Years	Months	Days
Sex	female	Color or Race	White	Birth-place	Virginia	
Occupation	Stone	Where Residing if not at place of death			Mrs. Jrs. B. Herbert	
Married, Single or Widowed	Single	Name of Wife or Husband	X			
Father's Name	Abraham Stulon	Father's Birthplace			Virginia	
Mother's Maiden Name	Sarah Leasman	Mother's Birthplace			Virginia	
Name of person giving information	Ms Jrs. B. Herbert	How related to deceased			Sister	

CAUSES OF DEATH

45

How long

19 years

How long

9 months

PHYSICIAN
OR CORONER

Primary

Uterine Fibroids

Immediate

Abdominal Sarcoma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. G. Massenburg

Address

Gowson

Accident or Suicide?

John Burnis Sons. Undertakers

Burial Presbyterian Cemetery

Gwaltown

Oct 11 - 1908

Name
in
Full

Elizabeth Ruth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Gardenville	County Balt.		MARYLAND	
Date of death	Month 10	Day 11	Years 56	Months	Days
Sex F.	Color or Race W			Birth- place Balt. Co.	
Occupation Hon	Where Residing If not at place of death				
Married, Single or Widowed W	Name of Wife or Husband Joseph Ruth				
Father's Name Henry Rosener	Father's Birthplace Germany				
Mother's Maiden Name Unknown	Mother's Birthplace Germany				
Name of person giving Information John A. Ruth	How related to deceased Son				

CAUSES OF DEATH

27

Primary

Tuberculosis of Lung & Heart & Spine

How long

2 years

Immediate

Cardiac Failure

How long

2 & hours.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. L. Wilkinson

Raspeburg, Ind.

Accident or Suicide?

Neither. 14th Street

Henry Hock & Son

Holy Redeemer Cemetery.

Name
in
Full

John M DeConner

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>No Hope Rebecas Ball</u>				County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>16</u>	Years <u>40</u>	Months <u>Not Known</u>	Days <u>Not Known</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ireland - Norfolk Va</u>			
Occupation <u>Clerk -</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Not Known</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Recks No Hope</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

93

How long

How long

PHYSICIAN
OR CORONER

Primary

Maria Acute (Paroxys)

661 year

Immediate

Ex Pneumonia Hypostasis

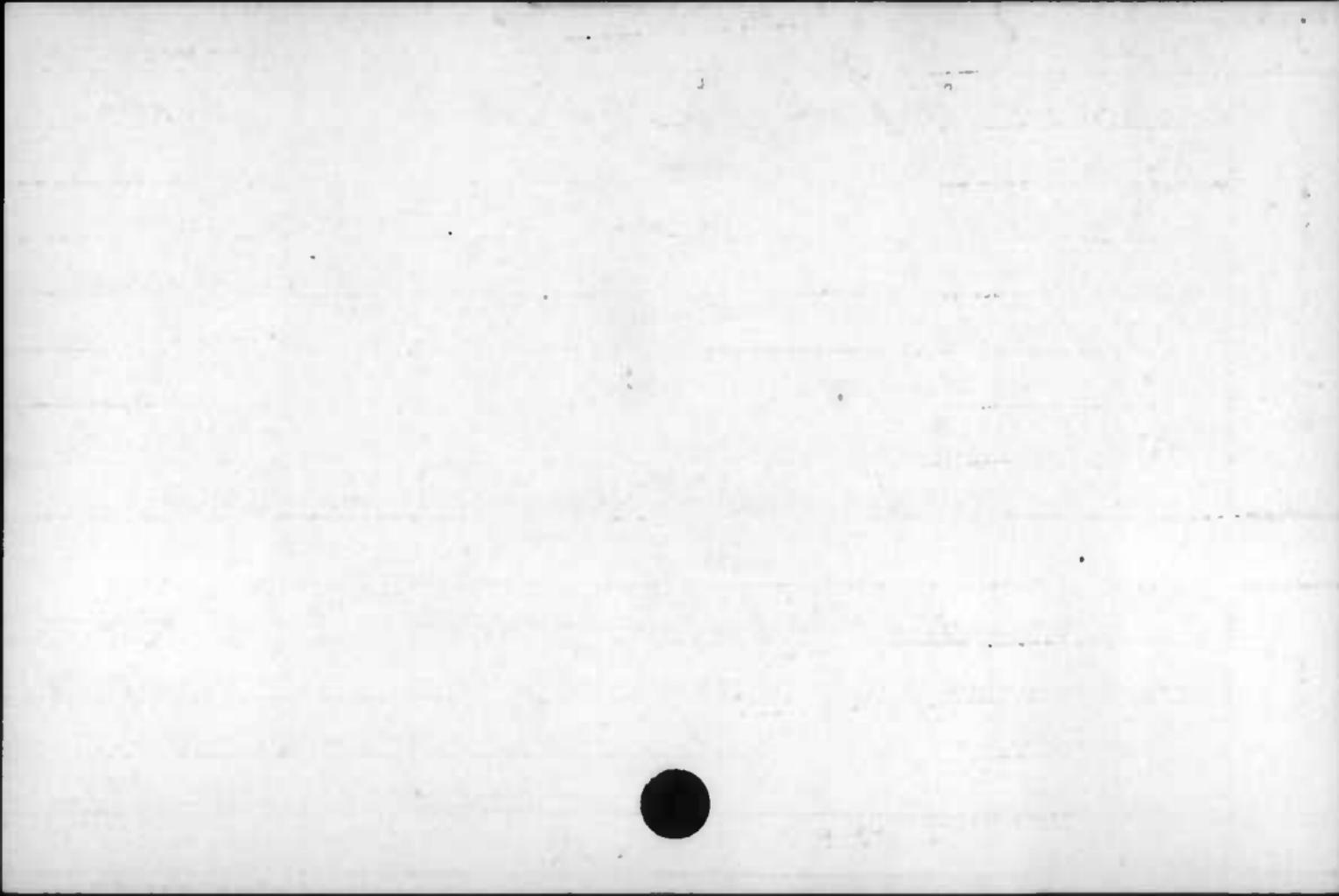
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Frank J Flannery
No Hope Rebecas

Accident or Suicide?



Name
in
Full

Sydia Sandoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

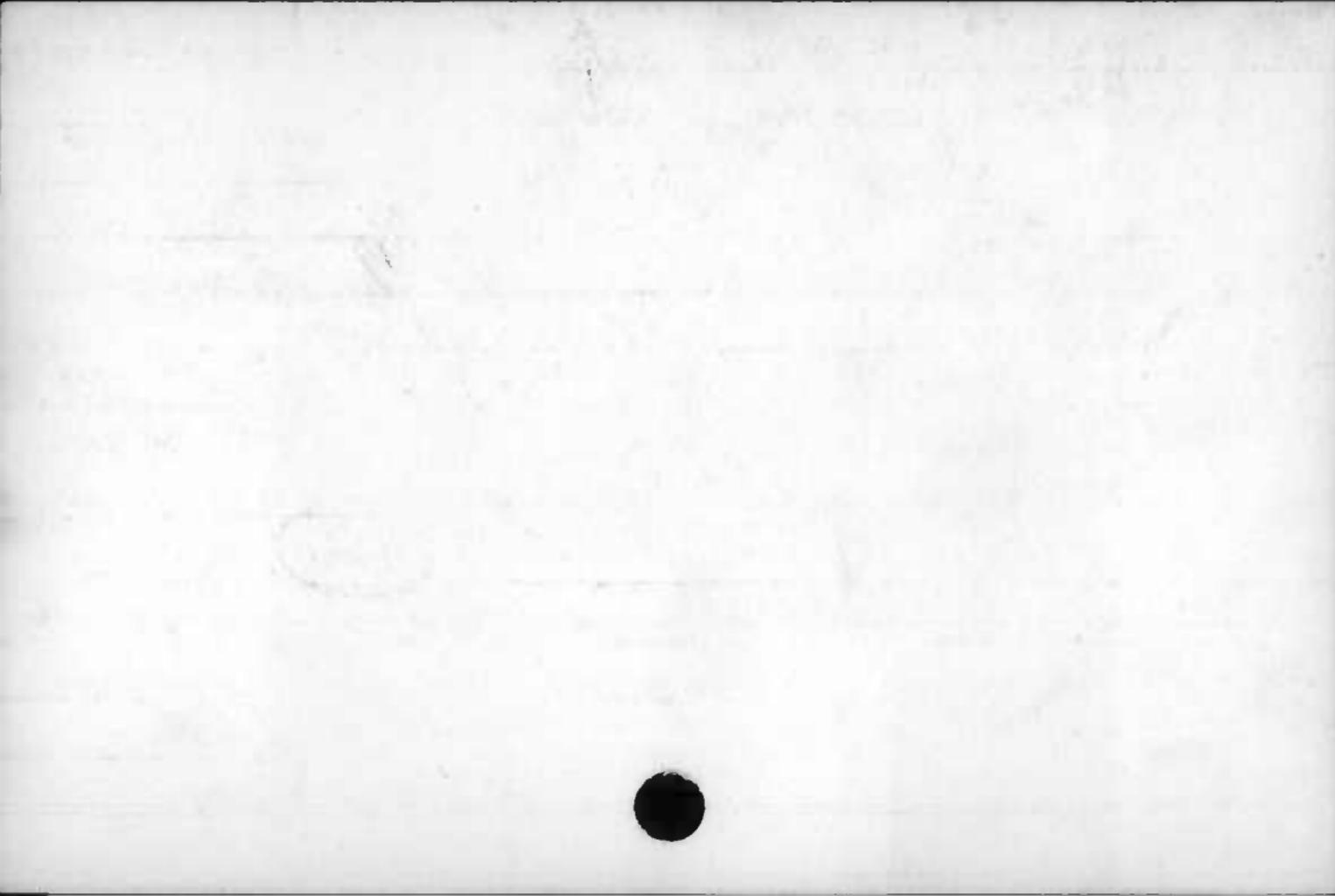
Died at	Town	County	MARYLAND		
St. Agnes Hospital	Baltimore		Months	Days	
Date of death 1908	Month Oct	Day 2 nd	Years 60	Age	
Sex Female	Color or Race White	Birth-place Maryland			
Occupation None	Where Residing if not at place of death St. Agnes Hospital				
Married, Single or Widowed Widowed	Name of Wife or Husband Unknown				
Father's Name Unknown		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving Information	Hospital Records	How related to deceased	—		

CAUSES OF DEATH

120

Primary	Chronic Nephritis & Endocarditis	How long	1 year
Immediate	Edema of lungs	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. P. Sandoff
		Address	St. Agnes Hospital Baltimore
Accident or Suicide?			

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

John Davies

Died at <u>Sandowne</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908 Oct</u>	Month <u>Oct</u>	Day <u>19</u>	Age <u>74</u>	Years <u>74</u>	Months <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Wales</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Sandowne</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Davies</u>				
Father's Name <u>John</u>	Father's Birthplace <u>Wales</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>Wales</u>				
Name of person giving information <u>Mary Davies</u>	How related to deceased <u>Wife</u>				
CAUSES OF DEATH					
Primary	<u>Interstitial Nephritis -</u>				
Immediate	<u>Uremic Coma & Exanthem</u>				
How long <u>120</u>					
How long <u>3 days</u>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
<u>Yes</u>		<u>Frank H. Rabie</u>			
		Address <u>Sandowne Bldg. No. 15</u>			
Accident or Suicide? <u>7</u>					

Char. F. Evans.

— 1118. W. Mt Royal
ave.

New York.

Elizabeth Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Texas	Town	County	MARYLAND		
Date of death	1908	Month 10	Day 1	Years 50	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Frederick Co., Md	
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Philip Payne	Philip Payne		
Father's Name	Henson, Posey			Father's Birthplace	Co. Md. Montgomery	
Mother's Maiden Name	Ellen Hasper			Mother's Birthplace	Md. Montgomery Co.	
Name of person giving information	Philip Payne			How related to deceased	Husband	

CAUSES OF DEATH

Primary

Acute nephritis

119

How long

2 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. T. C. Bussell

Address

Texas

Md. 8

Accident or Suicide?

No.

place of Burial

Alex Hensley 1578 W Biddle St
undertaker

Footh Cemetery
(Montgomery Co)
Baltimore ^{City} Md.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Christopher Pistor					CERTIFICATE OF DEATH	
Died at		Town	County	MARYLAND		
Date of death	1908	Month Oct	Day 26	Years 68	Months	Days
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Taylor	Where Residing if not at place of death			Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Catherine Pistor			
Father's Name	Unknown	Father's Birthplace			Unknown	
Mother's Maiden Name	Unknown	Mother's Birthplace			Unknown	
Name of person giving information	Catherine Pistor	How related to deceased			Wife	

CAUSES OF DEATH

164

How long

How long

Primary

Broken neck result

Immediate

fall

cotton

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Judie M.
3536 E Bald St
Highlandtown

Accident or Suicide?

Trinity Bern
Hennig Jon
10/28/08

Name
in
Full

Allen O. Pettit

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month 10	Day 11	Years 59	Months	Days
Sex	Male	Color or Race	White	Birth-place	Balt. City	
Occupation	Carpenter		Where Residing if not at place of death	Pikesville Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Pettit			
Father's Name	Allen Pettit		Father's Birthplace	Balt. City		
Mother's Maiden Name	Mary Thompson		Mother's Birthplace	" "		
Name of person giving information	Carrie Mason		How related to deceased	Niece		

CAUSES OF DEATH

104

How long

about 1 week.

How long

some weeks

Primary

Chronic Gastritis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Allen O. Pettit
Pikesville Md.

Accident or Suicide?

Robert T. Turner

Baltimore Cemetery

Name
In
Full

Wilhelmine Poellmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Rossville	Baltimore			
Date of death	Month	Day	Age	Years	Months
1908	Oct	28	Age	43	Days
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	Housewife		Where Residing if not at place of death	Rossville Md	
Married, Single or Widowed	Widow	Name of Wife or Husband	John Poellmann		
Father's Name	Mr - Birritt		Father's Birthplace	Germany	
Mother's Maiden Name	Kuprowicz		Mother's Birthplace	Germany	
Name of person giving information	Louis Poellmann		How related to deceased	Son	

CAUSES OF DEATH

79

How long

How long

PHYSICIAN
OR CORONER

Primary

Organic & Tuberous disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

Address

Rossville
Rossville
Md

Accident or Suicide?

Balto Buckley

Peter Richwien

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town Monell Station	County Baltimore		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	10	19	29	29 -	—	—	
Sex	Male	Color or Race	White	Birth- place	Md.		
Occupation	Wheelwright		Where Residing if not at place of death	207 Garrison			
Married, Single or Widowed	Married	Name of Wife or Husband	Della Richwien				
Father's Name	Louis Richwien		Father's Birthplace	Md.			
Mother's Maiden Name	Catherine Kratz		Mother's Birthplace	Md.			
Name of person giving Information	B. F. Alexander Richwien		How related to deceased	Brother			

CAUSES OF DEATH

162

Primary	Throwing himself under moving train		How long	Immediate	Time death
Immediate	Run over by car wheels		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	August W. Miller Coroner		
		Address	Mt. Vernon		
Accident or Suicide?		Suicide			
		Baltimore, Md., 13			

London Park

Jos B Cook

F.D.

Name
in
Full

Dora Rittmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	10	19	2	4	6	
Sex	Female	Color or Race	White	Birth- place	Morrell Park	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Rittmeyer Jr					
Mother's Maiden Name	Dora Shaland					
Name of person giving Information	John Rittmeyer					

CAUSES OF DEATH

14

How long

6 days

How long

Primary

Dysentery

Immediate

exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. B. Hall

Address

117 W. Winsor

PHYSICIAN
OR CORONER

Accident or Suicide?

13

H. Frick
New Cathedral
Coney

Name
in
Full

James Lyon Rogers Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month 10	Day 29	Years —	Months —	Days —
Sex	Male	Color or Race	White	Birth-place	Pikesville	
Occupation	Where Residing if not at place of death			Pikesville		
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	James Lyon Rogers			Father's Birthplace	Md.	
Mother's Maiden Name	Alice Levering			Mother's Birthplace	Baltimore City	
Name of person giving information	C. Lyon Rogers Jr.			How related to deceased	Uncle	
CAUSES OF DEATH						
152						

Primary

Asthenia. = Baby asphyxiated at

Immediate birth, resuscitated - died in 23 hours

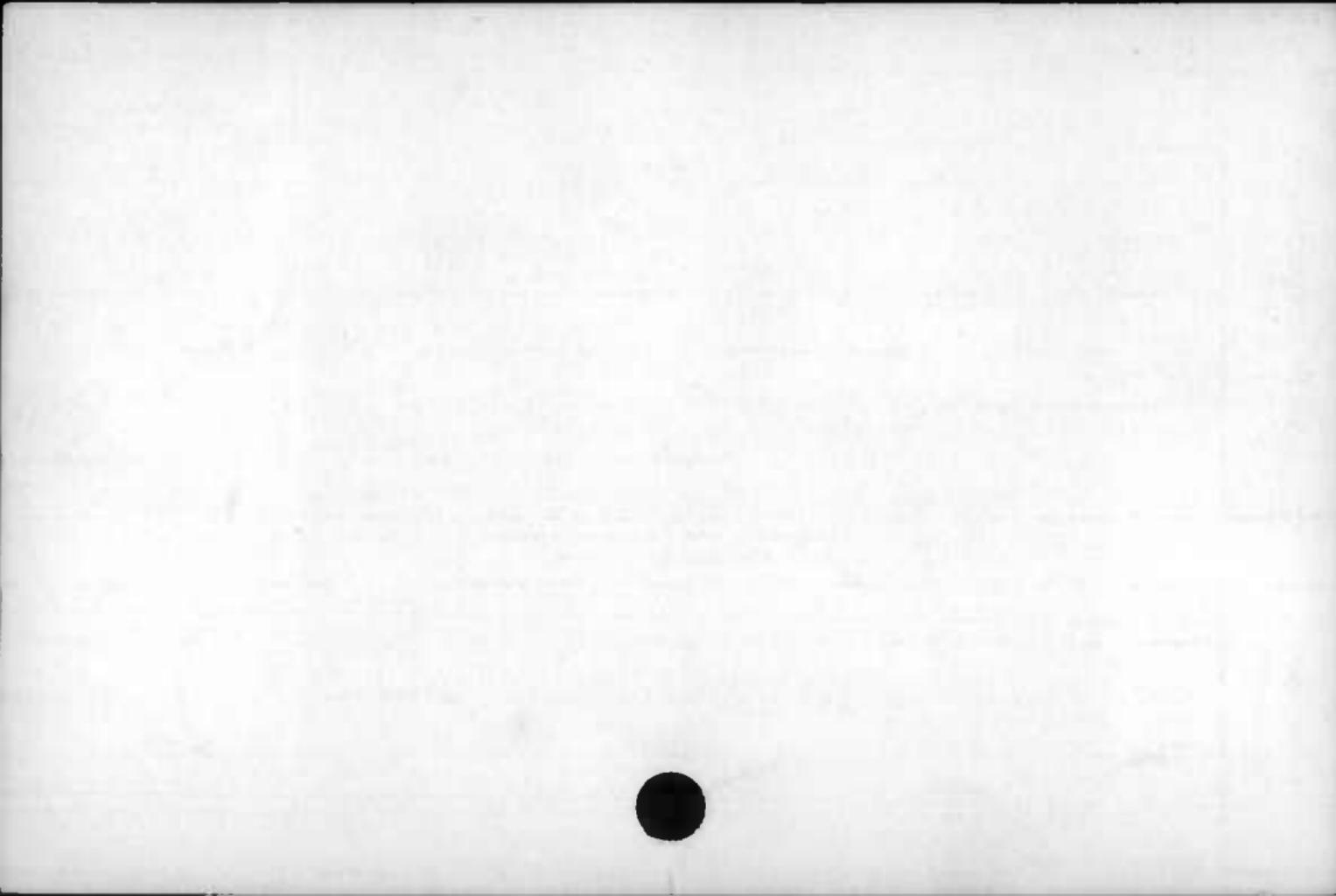
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles F. Brown
807 Carter Ave Jr

Accident or Suicide?



Name
in
Full

George H. Ross

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
of death 1908	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	33	11	11	
Married, Single or Widowed	Occupation	Caffer & Can Worker				
Name of Wife or Husband	Unknown					
Father's Name	James H. Ross					
Mother's Maiden Name	Margaret Donell					
Name of person giving Information	Mary A. Morgan					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Diabetes & Tubercular Enteritis		How long	Diabetes about 3 years
Immediate	Exhaustion & Emaciation		How long	several months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R.P. Cannon M.D.	
		Address	1701 N Carolina St	
Accident or Suicide?	Natural 13 & Prostest			

Lauden Park Cemetery
Tuesday 2. P.M.

Name
in
Full

Margaut b. Rupp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Highlandtown		Balt				
Date of death	Month	Day	Years	Months	Days	
1908	10	19	2	5	7	
Sex	Female	Color or Race	white	Birth-place	Balt 60	
Occupation	Where Residing if not at place of death					320-6 th St
Married, Single or Widowed	Name of Wife or Husband					
Wm b. Rupp						Father's Birthplace
Father's Name						Balt.
Mother's Maiden Name	Rosie M. Rubin					Mother's Birthplace
Name of person giving information	Wm b. Rupp.					How related to deceased
" Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria,

Immediate

Palsy of heart,

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

9

How long

43 days

How long

12 hours

I certify
148, French St.
17th District.

Accident or Suicide

Holy Redeemer
Iowa

Henry for
10/20/08

Name
in
Full

Angela M. Schenk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1908	Month Oct.	Day 8 th	Years 14	Months 11	Days 5
Sex Female	Color or Race White	Birth-place Balto. Co.			
Occupation None	Where Residing if not at place of death None				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Martin Schenk	Father's Birthplace Balto Co.				
Mother's Maiden Name Katie Boulden	Mother's Birthplace Balto Md.				
Name of person giving information Martin Schenk.	How related to deceased				

CAUSES OF DEATH

54

Primary

Pernicious anemia
as Themia

How long

About 4 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

3 weeks

Mr. J. McAvay M.D.
839 S. Calvert St.

Accident or Suicide?

Sacred Heart Cemetery
Lilly and Geiler
Undertakers

OCT 10 1908

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frederick Schipley

CERTIFICATE OF DEATH

Died at

Town

Canton

County

Baltimore

MARYLAND

Date

of death

Month

Oct

Day

23rd

Years

15

Months

2

Days

8

Age

Sex

Male

Color or
Race

White

Birth-
place

Baltimore Co. Md.

Occupation

School Boy

Where Reciding If not
place of death

1522 First St.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

David Williams

Father's
Birthplace

Md.

Mother's
Maiden Name

Annie Schipley

Mother's
Birthplace

Md.

Name of person giving
Information

John Elbrett

How related
to deceased

First Parent

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

S. P. Throop
3030 E Baltimore

Accident or Suicide?

12th Judicial

Mount Carmel Cemetery

OCT 25 1908

Lilly and Zeiler
Undertakers

Name
in
Full

Andrew Schminke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908 Oct.	Oct.	24 th	—	—	60 hours
Sex	Male	Color or Race	White	Birth-place	Balto. Co.
Occupation	None	Where Residing if not place of death	1519 S. Elston St		
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	John G. Schminke	Father's Birthplace	Balto. Co.		
Mother's Maiden Name	Margaret M. Wolfermann	Mother's Birthplace	Balto Md.		
Name of person giving Information	John G. Schminke	How related to deceased	Father.		
CAUSES OF DEATH					
Primary	Infantile Convulsions			How long	60 Hours
Immediate	"	"	"	How long	60 "

71

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

Signature of
Physician

Address

H. L. Beckard M.D.
910 S. Canton St.

Sacred Heart Cemetery

OCT 26 1908

Lilly and Zeiler
Undertakers

Name
in
Full

Albert H. Schulz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	1908	Month Oct	Day 23	Years 93	Months 9	Days 8
Sex	Male	Color or Race	Phil	Birth-place	Germany	
Occupation	Musician			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Lauraville H. Schulz			Father's Birthplace	Pennsylvania	
Mother's Maiden Name	Louisa Sijmon			Mother's Birthplace	Germany	
Name of person giving information	Conrad J. McCubbin			How related to deceased	Brother-in-Law	

CAUSES OF DEATH

155

Primary: Gasoline Acid
How long: 1 hour

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Gafford & Darling
Lauraville, Md

Accident Suicide?

Wm. J. Schaeffer and Son

Baltimore Cemetery.

Name
in
Full

Bernard Schultz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Month	Days
Sex	Male	Color or Race	Age		3	7
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	Frank Schultz				Father's Birthplace	Germany
Mother's Maiden Name	Regina Miller				Mother's Birthplace	n
Name of person giving Information	Bernard Schultz				How related to deceased	mother

CAUSES OF DEATH

179

Primary

Angina -

How long

2 to 3 mo.

Immediate

Cardiac septicemia -

How long

few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. C. McLaughlin M.D.
619 S. Clinton St. —

PHYSICIAN
OR CORONER

Accident or Suicide

No. —

Sacred Heart Sem.

Hermig from
10/10/08

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Rayville		Balto				
Date of death	1908	Month 10	Day 7	Years 49	Months 5	Days 13
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Housewife					Where Residing if not at place of death
Married, Single or Widowed	Married		Name of Wife or Husband		E. D. Scott.	
Father's Name	A. S. Cooper					Father's Birthplace Md.
Mother's Maiden Name	Elisanna Hampshire					Mother's Birthplace Md.
Name of person giving Information	E. D. Scott					How related to deceased Husband

CAUSES OF DEATH

27

How long

About two years

How long

8 days

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Tubercular Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

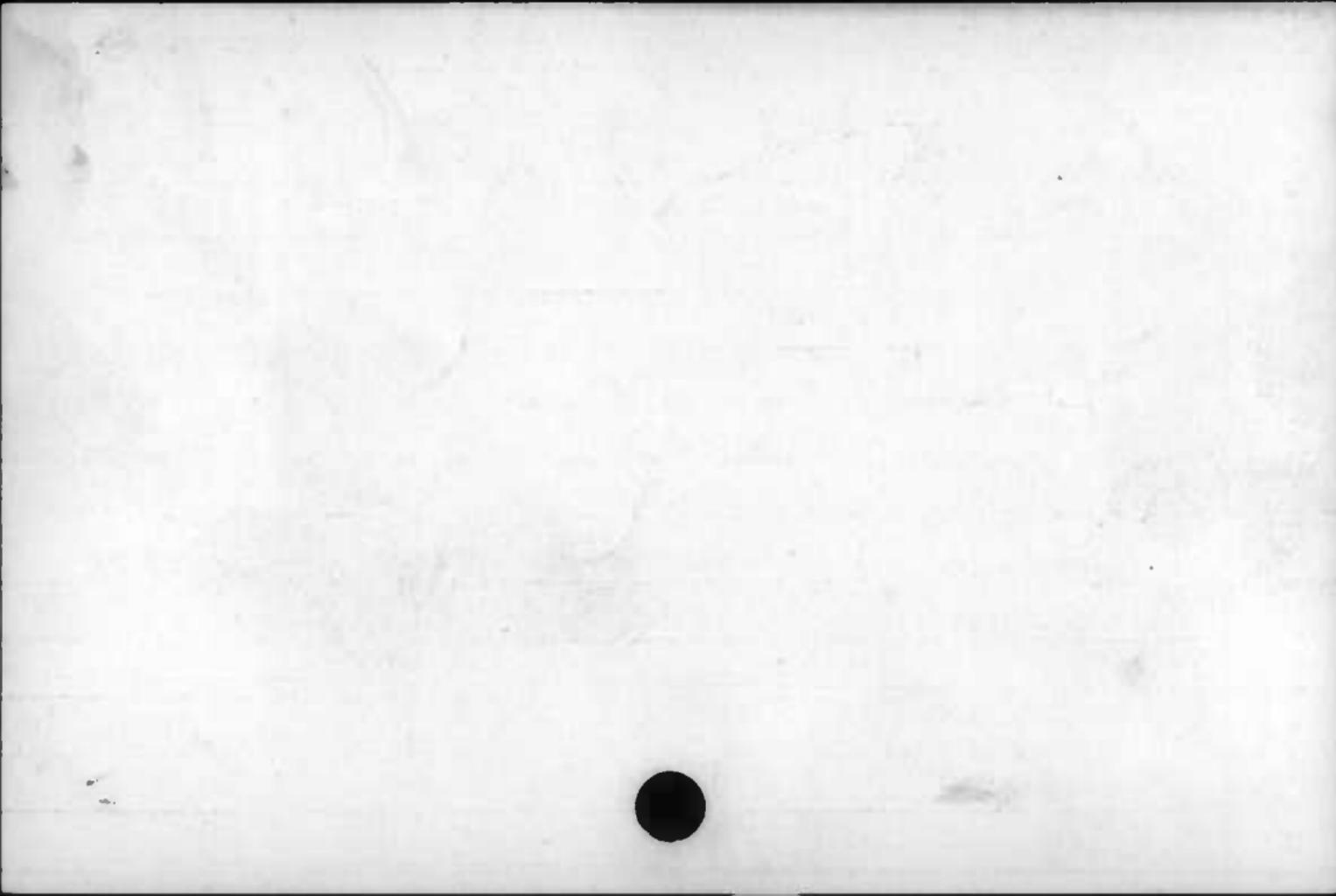
Address

Accident or Suicide?

E. W. Legge, M.R.

Partington, M.R.

7th District



Name
in
Full

Margaret Seitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	Oct.	25	24			1	
Sex	Female	Color or Race	White		Birth-place	Baltimore	
Occupation	None		Where Residing if not at place of death		Baltimore		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Vincent Seitz				Father's Birthplace	Austria	
Mother's Maiden Name	Anna Friedeb. Heeman				Mother's Birthplace	Germany	
Name of person giving information	Anna Friedebohl				How related to deceased	Sister	

CAUSES OF DEATH

27

Primary Acute Pneumonia 3 mo

Immediate " " " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Valentine

16 S. Boundary

PHYSICIAN
OR CORONER

Accident or Suicide?

✓

12th District

Dr. Valentine

H. Sander & Son

Oct 28/08

Holy Redeemer Laundry

Name
in
Full

Cora Lee Servary.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Catonsville		Balto			
Date of death	Month	Day	Years		Months	Days
1908	Oct	22	34			
Sex	female	Color or Race	white.	Birth-place	Charles Co, Md,	
Occupation	Housewife			Where Residing if not at place of death	Catonsville	
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph J. Servary.			
Father's Name	John R Wade			Father's Birthplace	Ches Co Md	
Mother's Maiden Name	Sallie Edland			Mother's Birthplace	Don't know	
Name of person giving Information	Georgia Wade			How related to deceased	Sister	

CAUSES OF DEATH

119

How long

48 hours

How long

48 hours

Acute Nephritis

Uremic Convulsions

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

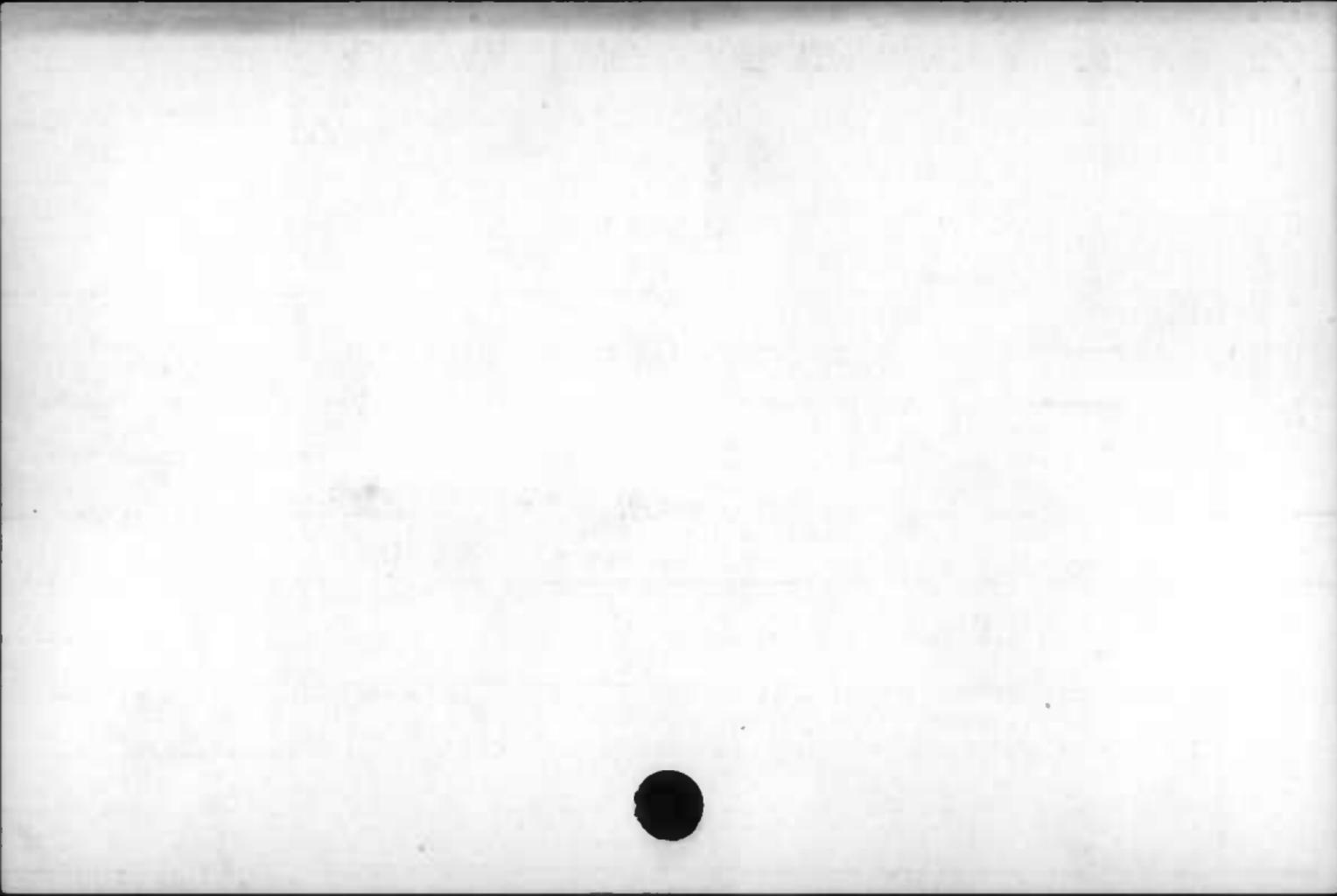
Signature of Physician

Address

Marshall B West
Catonsville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Unnamada - Shaffer
Rossiter

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death

Month

Day

Years

Months

Days

1908 Oct

2

-

-

Sex

Male

Color or
Race

white

Birth-
place

Occupation

-

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Shaffer

Father's
Birthplace

ned

Mother's
Maiden Name

Agnes Minsler

Mother's
Birthplace

ned

Name of person giving
Information

John Shaffer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Sliced beet

How long

(S)

Immediate

How long

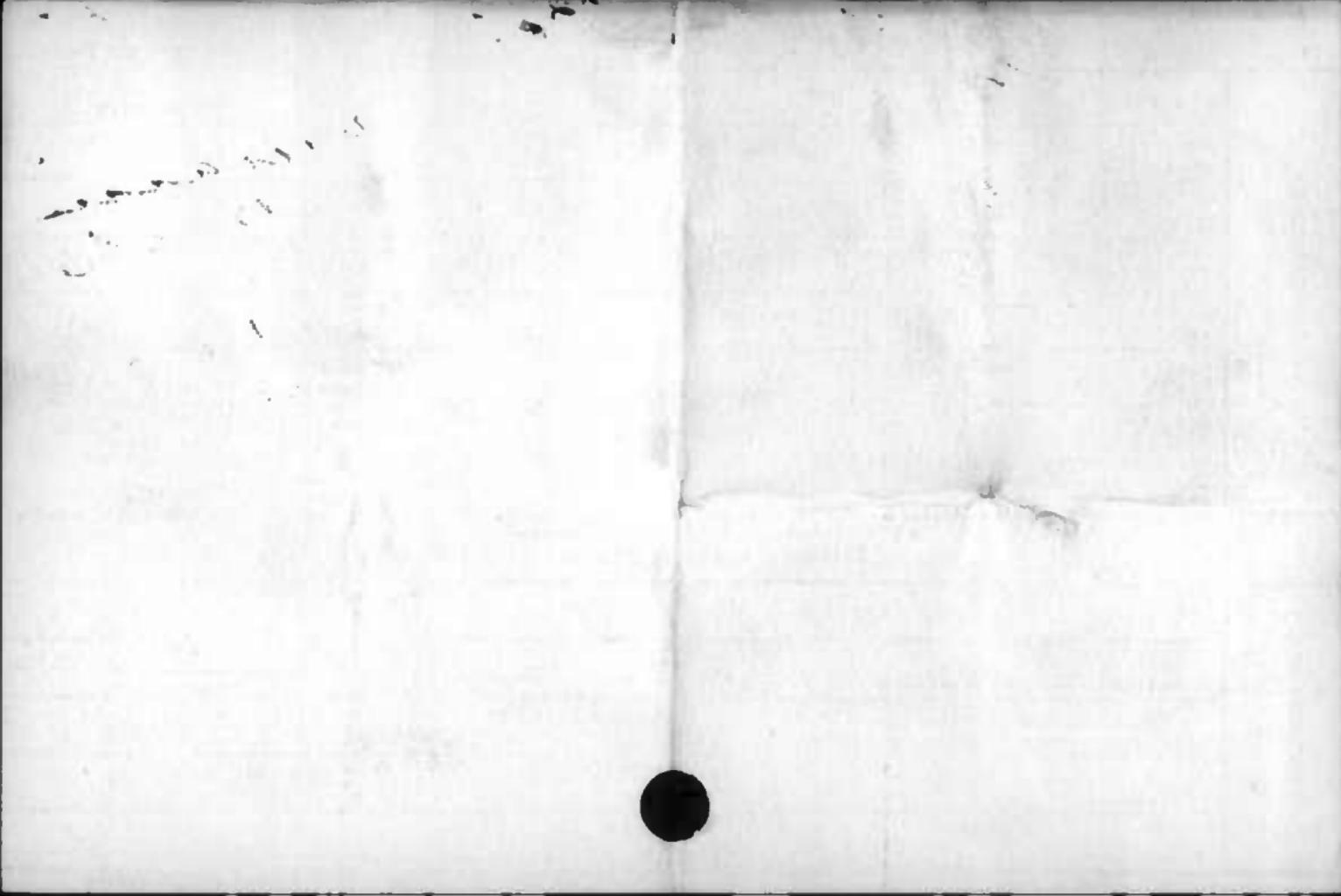
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Gorham
Rossiter
ned. 15

Accident or Suicide?



Name
in
Full

Miss Cecilia Shaw

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Falls Rd near Mt Washington</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>Oct.</u>	Day <u>21.</u>	Years <u>49</u>	Age <u>49</u>	Months <u>0</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore Md</u>				
Occupation <u>housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Sarah S. Shaw</u>	Father's Birthplace <u>Balt. Md</u>					
Mother's Maiden Name <u>Rachael G. Goff</u>	Mother's Birthplace <u>Balt. Md</u>					
Name of person giving Information <u>William S. Shaw</u>	How related to deceased <u>brother</u>					

CAUSES OF DEATH

64

How long

3

How long

6 hours

Primary

Arterio-sclerosis

Immediate

Apoplexy

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

William S. Todd
Mt. Washington Md

Accident or Suicide?

Armstrong Drury Co -
London Park -

Augusta L. Siemon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Baltimore ^{Town} Co		Park Heights ^{County} & Wyld ^{Street} MARYLAND	
Date of death	1908	Month	Oct	Day	7 th
Age	98	Years	98	Months	6
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	None		Where Residing if not at place of death	Wyld & Park Heights	
Married, Single or Widowed	Widow	Name of Wife or Husband	Ferdinand Siemon		
Father's Name	John Roche		Father's Birthplace	Germany	
Mother's Maiden Name	Mucknow		Mother's Birthplace	Mucknow	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

112

How long

12 mos

How long

about 2 hours

Primary Cirrhosis of Liver

Immediate Syncopae

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

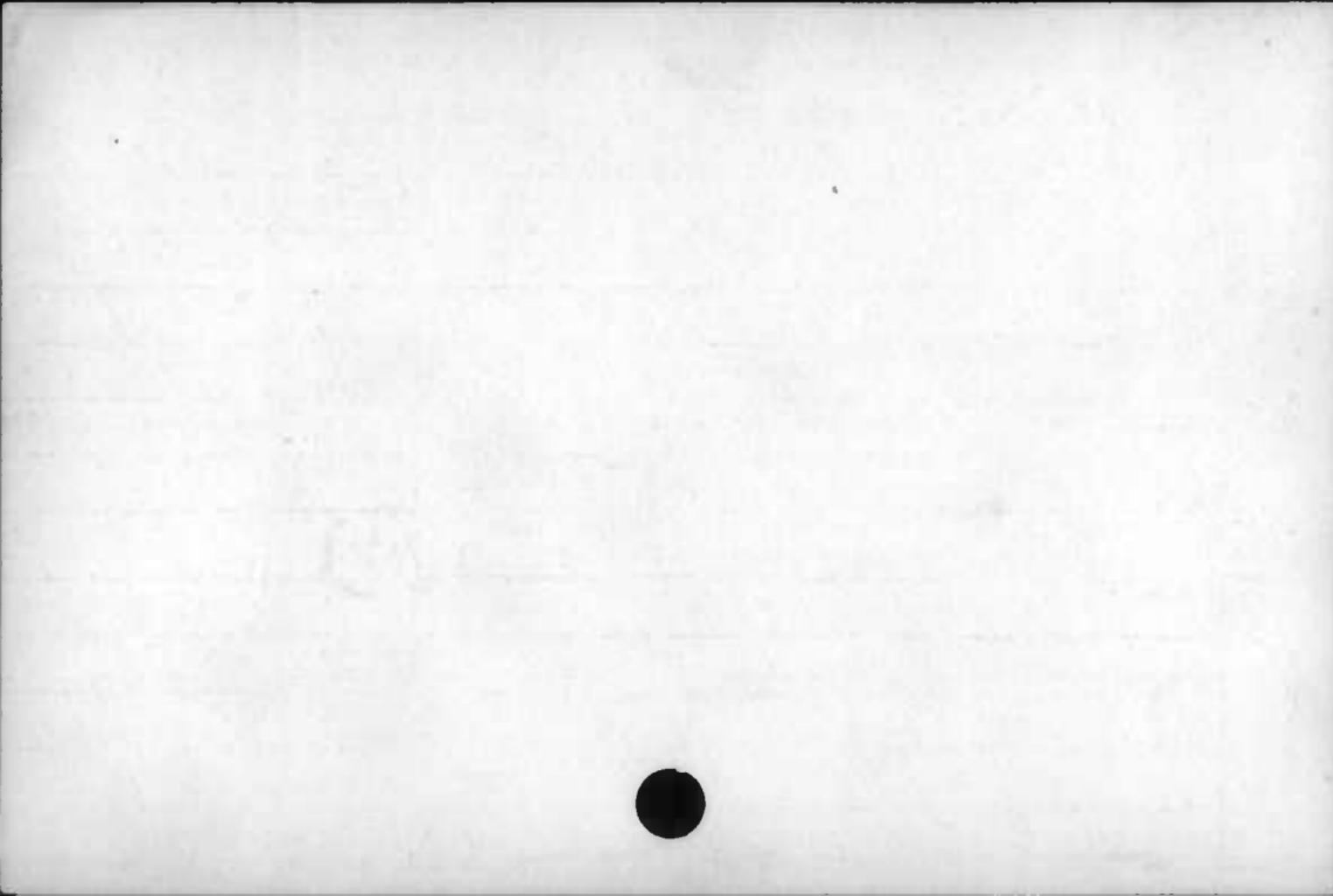
Address

Reeey Chaudhur ^{MD}

7427 N. North Av.

Balto. ^{MD}, ³PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

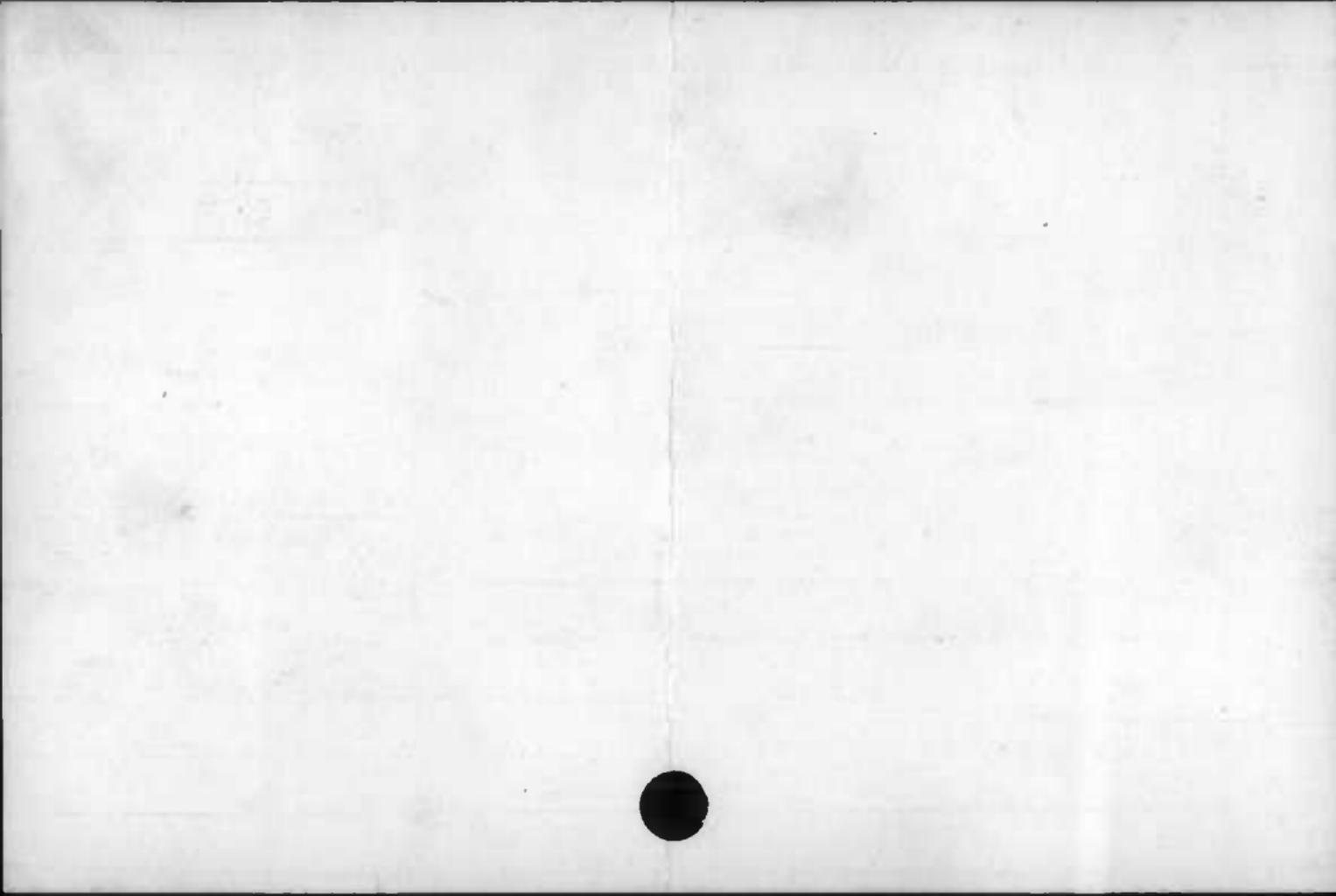
Katherine Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Knobel</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>31st</u>	Age <u>65</u>	Years <u>65</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Europe</u>				
Occupation <u>Housewife</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George Smith</u>					
Father's Name <u>Philip Hankle</u>	Father's Birthplace <u>Europe</u>					
Mother's Maiden Name <u>Apollonia Hankle</u>	Mother's Birthplace <u>Europe</u>					
Name of person giving information <u>Lucy Hankle</u>	How related to deceased <u>Sister</u>					
CAUSES OF DEATH						
Primary	<u>Cancer of uterus</u>		How long	<u>42</u>		
Immediate	<u>Weakness</u>		How long	<u>2 years</u>		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
			Address			
Accident or Suicide?			<u>John S. Green</u> <u>Gittings</u> <u>Md</u>			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Highlandtown		Balto				
Date of death	1908	Month 10	Day 17	Years	Months 3	Days 9
Sex	Male	Color or Race	White	Birth-place	Balto ber	
Occupation	None	Where Residing if not et place of death			3407 Leoverton	
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Henry Smith				Father's Birthplace	Balto
Mother's Maiden Name	Florence Bright				Mother's Birthplace	" "
Name of person giving Information	or a Smith				How related to deceased	Mother

CAUSES OF DEATH

Primary

Papillary Bronchitis
Exhaustion

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

90

How long

2 weeks

6 hours

110

Dr. L. Gray M.D.
34th Street
Highlandtown Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Camp Chapel
Balto. County
Henryton
10/19/08

Name
in
Full

Infant W^m & Margaret Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at	Balt				
Date of death	Month	Day	Years	Months	Days
1908	10	5	—	—	—
Sex	Male	Color or Race	White	Birth-place	Balt Co
Occupation	Where Residing If not at place of death		500 S. 8 th St		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm Smith		Pa.		
Mother's Maiden Name	Margaret Marschell		Balt		
Name of person giving Information	Wm Smith		Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

S

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Caroline Betz
3703 E. Balt St.
Balt Co

Accident or Suicide

No.

got Yer Rep from

J Herwig Ym

10/5/08

Name
in
Full

Clarence Sparwasser

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Washington</u>		Town <u>Balt.</u>		County <u>Balt.</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>10</u>	Day <u>6</u>	Age <u>1</u>	Years <u>1</u>	Months <u>—</u>	Days <u>15</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>						
Occupation <u>Nurse</u>	Where Residing if not at place of death							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband							
Father's Name <u>Geo. Sparwasser</u>	Father's Birthplace <u>Ind</u>							
Mother's Maiden Name <u>Mollie In' Kenny</u>	Mother's Birthplace <u>Ind</u>							
Name of person giving information <u>Geo Sparwasser</u>	How related to deceased <u>Father</u>							
CAUSES OF DEATH								
Primary <u>Marasmus - Enteric Colitis</u>	How long <u>6 mos.</u>							
Immediate <u>Complications - Exhaustion</u>	How long <u>2 weeks</u>							

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

CH. Beeton

Address

Washington

Accident or Suicide?

N. S. Marshall
3539 Fall Road
Dund Ridge & Cecily
Oct 8-1908

Albert H. Spiegel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND		
Date of death	1908	Month 10	Day 30	Age 7	Years	Months 1	Days 16
Sex	Male	Color or Race	White	Birth-place	Highlandtown		
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Singer	Name of Wife or Husband	Joseph	Father's Name	Germany		
Mother's Maiden Name	Anna Günther		Mother's Birthplace		Balto. Md.		
Name of person giving information	Joseph. Spiegel		How related to deceased		Father.		

CAUSES OF DEATH

166

Primary

Fell from chair.

How long

Immediate

Concussion Brain

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Fred W. Weber M.D.

Address

1721 Carlton av.

Accident

Holy Redeemer Cemetery

Nov 1st 1908

Lilly and Zeiler

Undertakers

Name
In
Full

Jarrett, E. Standiford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 10	Day 21	Years 60	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Canner		Where Residing if not at place of death	Anne		
Married, Single or Widowed	Name of Wife or Husband		Anni		Standiford	
Father's Name	Chas. Standiford		Chas.		Md	
Mother's Maiden Name	Rummelike Standiford		Rummelike		Md	
Name of person giving information	Bertha Bell		Bertha		Daughter	

CAUSES OF DEATH

122

How long

How long

Primary	Stone in the Kidneys		several years
Immediate	Arsenic Poisoning		4 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. F. H. Gorsuch
		Address	Fork Md.
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Georgianna Stevenson

CERTIFICATE OF DEATH

Died at Bedfries

Town County
Bedfries

MARYLAND

Date of death 1908 Month Oct Day 8

Years Age 54

Months — Days —

Sex Female Color or Race colored

Birthplace Rue

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George Stevenson

Mother's Maiden Name

Unknown

Name of person giving information

George Stevenson

George Stevenson

Unknown

79

How long

2 year

How long

Primary

Michael Stevenson

Michael Stevenson

How long

Immediate

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

✓

Address

Accident or Suicide?

6 weeks

1
2
3
4
5
6
7
8
9

Name
in
Full

Mary E Stewark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hollesville</u>		Town	<u>Baltimore</u>		County	MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>12</u>	Age <u>23</u>	Years	Months <u>11</u>	Days <u>27</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Balts</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband <u>Edw Stewark</u>						
Father's Name <u>Louis Wetter</u>		Father's Birthplace <u>Balts</u>					
Mother's Maiden Name <u>Dora Kraemer</u>		Mother's Birthplace <u>Germany</u>					
Name of person giving information <u>Dora Wetter</u>		How related to deceased <u>Mother</u>					

CAUSES OF DEATH

27

Primary <u>Tuberculosis of Lungs</u>	How long <u>9 mos</u>
Immediate <u>Suffocation</u>	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

WB Hale

Address

Mt Morris

Accident or Suicide?

13th Hospital

13

Name
in
Full

George Washington Stull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Arlington</u> Town		<u>Balls</u> County		MARYLAND	
Date of death <u>1908 Oct</u>	Month <u>Oct</u>	Day <u>4</u>	Age <u>Years</u>	Months <u>4</u>	Days <u>19</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balls City, Arlington</u>			
Occupation <u> </u>	Where Residing if not at place of death <u>Arlington</u>				
Married, Single or Widowed <u>Singl.</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>George Washington Stull</u>	Father's Birthplace <u>Pa.</u>				
Mother's Maiden Name <u>Mary Emma Mathes</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Geo Stull</u>	How related to deceased <u>Father</u>				

Gastrointestinal catarrh.

CAUSES OF DEATH

105

Primary Chlorase Milk Infection How long 6 months

Immediate Exhaustion (Ptolemy poisoning) How long 4 days

Are the name, age, sex, color, date and place correctly given above?

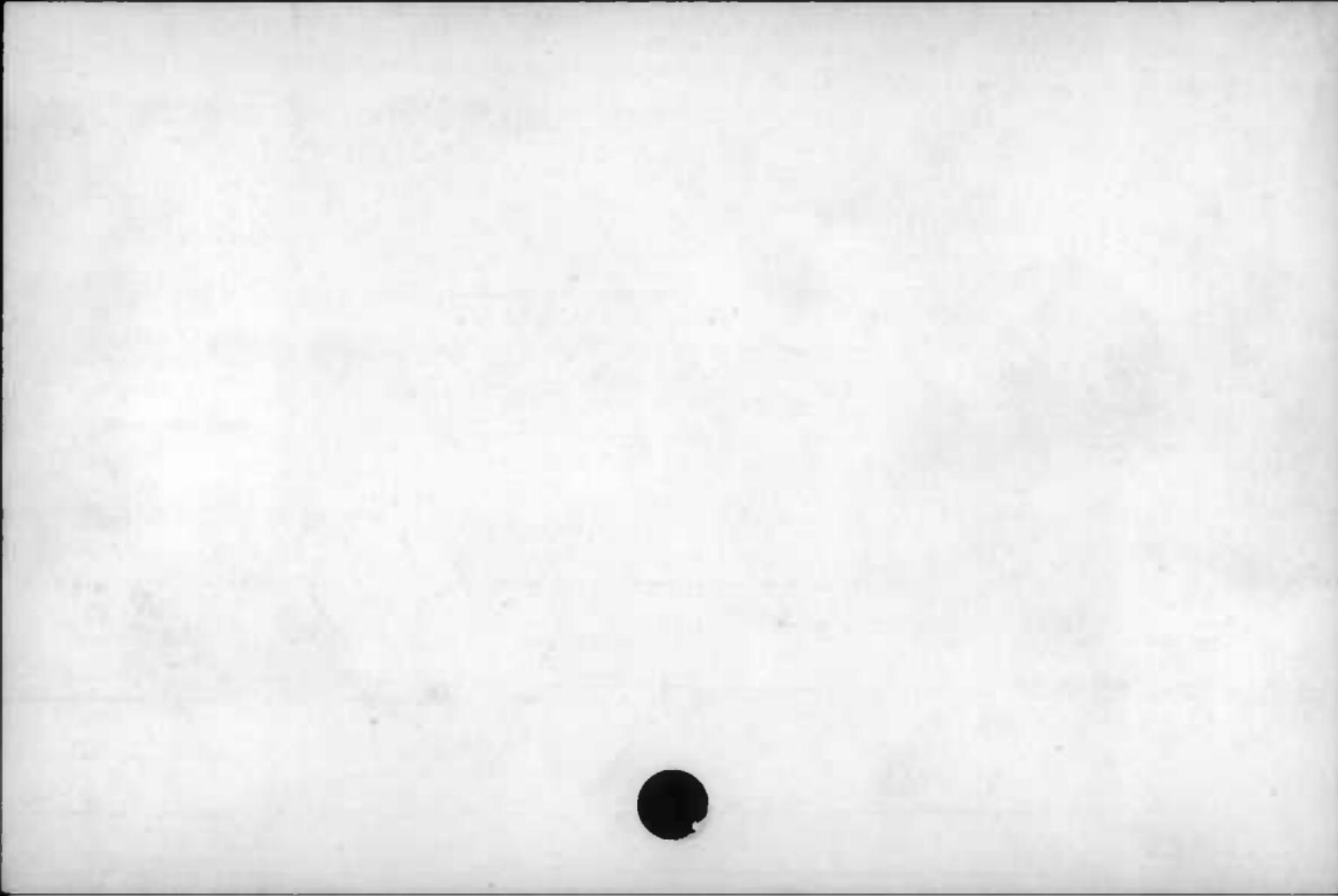
Yes.

Signature of Physician

Address

W. W. Volney, M.D.,
Arlington

Accident or Suicide?



Name
in
Full

Ammon Severs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tuckeroville</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>25</u>	Age <u>65</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Balto Co</u>		
Occupation <u>Painter</u>	Where Residing if not at place of death <u>Tuckeroville</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sonera Jane Severs</u>					
Father's Name <u>Geo. R. Severs</u>				Father's Birthplace <u>Balto. Co.</u>		
Mother's Maiden Name <u>Eliz. Jore</u>				Mother's Birthplace <u>Balto. Co.</u>		
Name of person giving information <u>Howard Severs</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

120

How long

3 years

How long

3 days

Primary

Chronic Glomerular Nephritis

Immediate

Auto-intoxication-Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. Gibbons Finch M.D.

Address

Tuckeroville

Accident or Suicide?

PHYSICIAN
OR CORONER

John Burns does
Prospect Hill Cemetery

Name
in
Full

Thomas Gilbert Tagg.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908.	Oct.	5.	5	5	23.	
Sex	Male	Color or Race	White	Birth-place	Gooch Raven.	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Samuel Stillings Tagg.				Father's Birthplace	
Mother's Maiden Name	Beritha Delilah Gilliland				Mother's Birthplace	
Name of person giving information	Bertha Tagg.				How related to deceased	

CAUSES OF DEATH

28

How long

About 2 weeks.

How long

Primary

Meningeal Tuberculosis.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

H. J. Garrison
Gooch Raven.

Accident or Suicide?

14th District Record

Eetement
Hiss Cent
Horford Rd
Geo. W. Grammer
undertaker

Name
in
Full

Delarouse M. Tracy Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Orange Farm</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>24</u>	Year	Months <u>6</u>	Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Orange farm</u>			
Occupation		Where Residing if not at place of death <u>yes</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>James L. Taylor</u>	Father's Birthplace <u>Va</u>			
Father's Name <u>James L. Taylor</u>					Mother's Birthplace <u>Va</u>
Mother's Maiden Name <u>Lucy G. Jasson</u>					How related to deceased <u>Father</u>
Name of person giving information <u>James L. Taylor</u>					

CAUSES OF DEATH

179)

Primary Acute Inanition

How long 8 days

Immediate Severe as Asthma

How long 2x longer

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

A. B. Lehman M.D.

Address

442 N. Patterson Pl.
Baltimore Md

PHYSICIAN
OR CORONER

Accident or Suicide

Charly Tantz —
Golden Ring. —

Remains to be buried

Long Branch Cemetery
North Point Road

Oct. 25/08,

Name
in
Full

Henry Taylor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

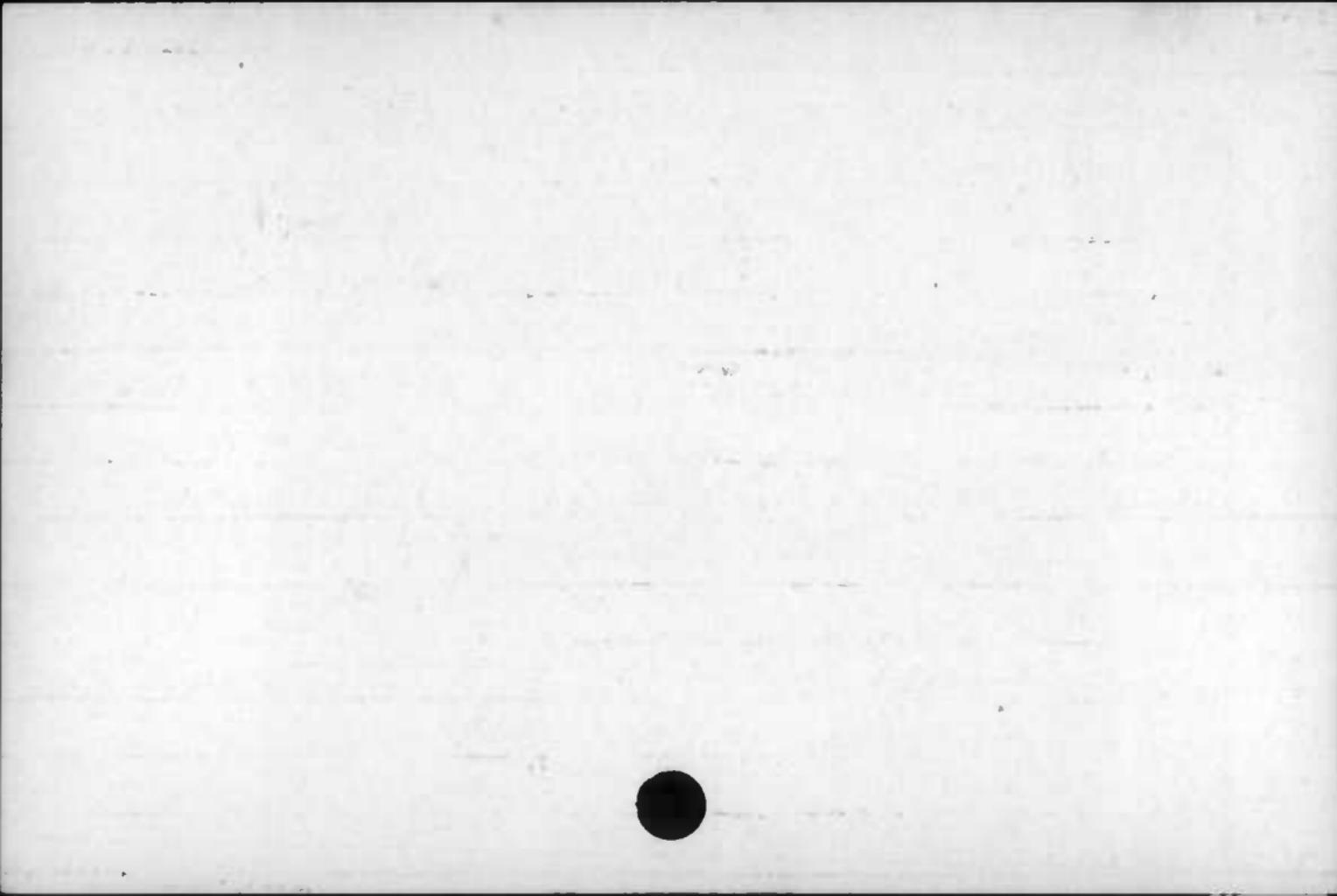
PHYSICIAN
OR CORONER

Died at <u>Mt Hope Petriah</u>		Town	<u>Baltimore</u>		Country	<u>MARYLAND</u>	
Date of death	<u>1908</u>	Month <u>Och</u>	Day <u>11th</u>	Years <u>40</u>	Age	Months <u>no known</u>	Days <u>no known</u>
Sex	<u>M</u>	Color or Race	<u>IV</u>			Birth- place	<u>Savannah Ga</u>
Occupation	<u>Rice Planter</u>		Where Residing if not at place of death		<u>Savannah Ga</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>not Known</u>				
Father's Name	<u>not Known</u>				Father's Birthplace	<u>not Known</u>	
Mother's Maiden Name	<u>"</u>	<u>"</u>			Mother's Birthplace	<u>"</u>	<u>"</u>
Name of person giving Information	<u>Beeds Mt Hope</u>				How related to deceased	<u>not at all</u>	

CAUSES OF DEATH

61

Primary	<u>Melancholia</u>		How long	<u>13 or 14 mos</u>
Immediate	<u>Ex meningitis -</u>		How long	<u>about 5 or 6 wks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Frank J Flannery</u>	
		Address	<u>Mt Hope Petriah</u>	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lesley D. Taylor

CERTIFICATE OF DEATH

Died at <u>Hillsville</u>		<u>Town</u>	<u>Balts</u>		<u>County</u>	<u>MARYLAND</u>	
<u>Date</u> of death	<u>1908</u>	<u>Month</u> <u>10</u>	<u>Day</u> <u>11</u>	<u>Years</u> <u>3</u>	<u>Age</u> <u>3</u>	<u>Months</u> <u>0</u>	<u>Days</u> <u>one</u>
<u>Sex</u>	<u>Male</u>	<u>Color or Race</u>	<u>White</u>		<u>Birth- place</u>	<u>Md</u>	
<u>Occupation</u>	<u>None</u>		<u>Where Residing if not at place of death</u>		<u>—</u>		
<u>Married, Single or Widowed</u>	<u>None</u>		<u>Name of Wife or Husband</u>		<u>—</u>		
<u>Father's Name</u>	<u>Delbert Lee Taylor</u>		<u>—</u>		<u>Father's Birthplace</u>	<u>Va</u>	
<u>Mother's Maiden Name</u>	<u>ada May Lester</u>		<u>—</u>		<u>Mother's Birthplace</u>	<u>Md</u>	
<u>Name of person giving Information</u>	<u>ada May Taylor</u>		<u>—</u>		<u>How related to deceased</u>	<u>Mother</u>	

CAUSES OF DEATH

167

How long

Primary Burns Pneumonia
Immediate convulsions

How long 36 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

B. Hall

Mr. Humans

13th District 13

Accident or Suicide?

(over)

William J. Sickerer
Western Cemetery



L

accidental death by fire, burns on back, ~~chest~~
abdomen & arms



Name
in
Full

Clara M. Tornvollen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Baltimore			County		MARYLAND	
Died at	Canton		Baltimore				
Date of death	1908	Month Oct	Day 15	Age 17	Years	Months 6	Days 4
Sex	Female			Color or Race	White		
Occupation	None			Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	William Tornvollen			Father's Birthplace	Baltimore		
Mother's Maiden Name	Margaret L. Woolshleger			Mother's Birthplace	Baltimore		
Name of person giving information	Margaret L. Tornvollen			How related to deceased	Mother		

CAUSES OF DEATH

79

How long

abt 425 years.

How long

2 days

PHYSICIAN
OR CORONER

Primary

Cardio Hypertrophy

Immediate

Cardio Dilatation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. V. M. Wright

Address

Canton & Dill St.

Accident or Suicide?

Dr. Wright
Canton & Dillon St
Oct 29/08

1st Evangelical Com.
H. Vander Lang

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marion F. Cipke

Town

County

MARYLAND

Died at Beltsville

Ballo

Date of death 1908 Month Oct Day 25

Years

Montha

Daya

Age 32

Sex Male

Color or
Race

white

Birth-
place

Ballo a m

Occupation

Hotel Proprietor

Whare Residing if not
at place of daath

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

David S. Cipke

Father's
Birthplace

Ballo a m

Mother's
Maiden Name

Mary A. Green

Mother's
Birthplace

Anna
Bauer

Name of person giving
Information

Julia B. Rose

How related
to deceased

Daughter

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

8 yrs

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

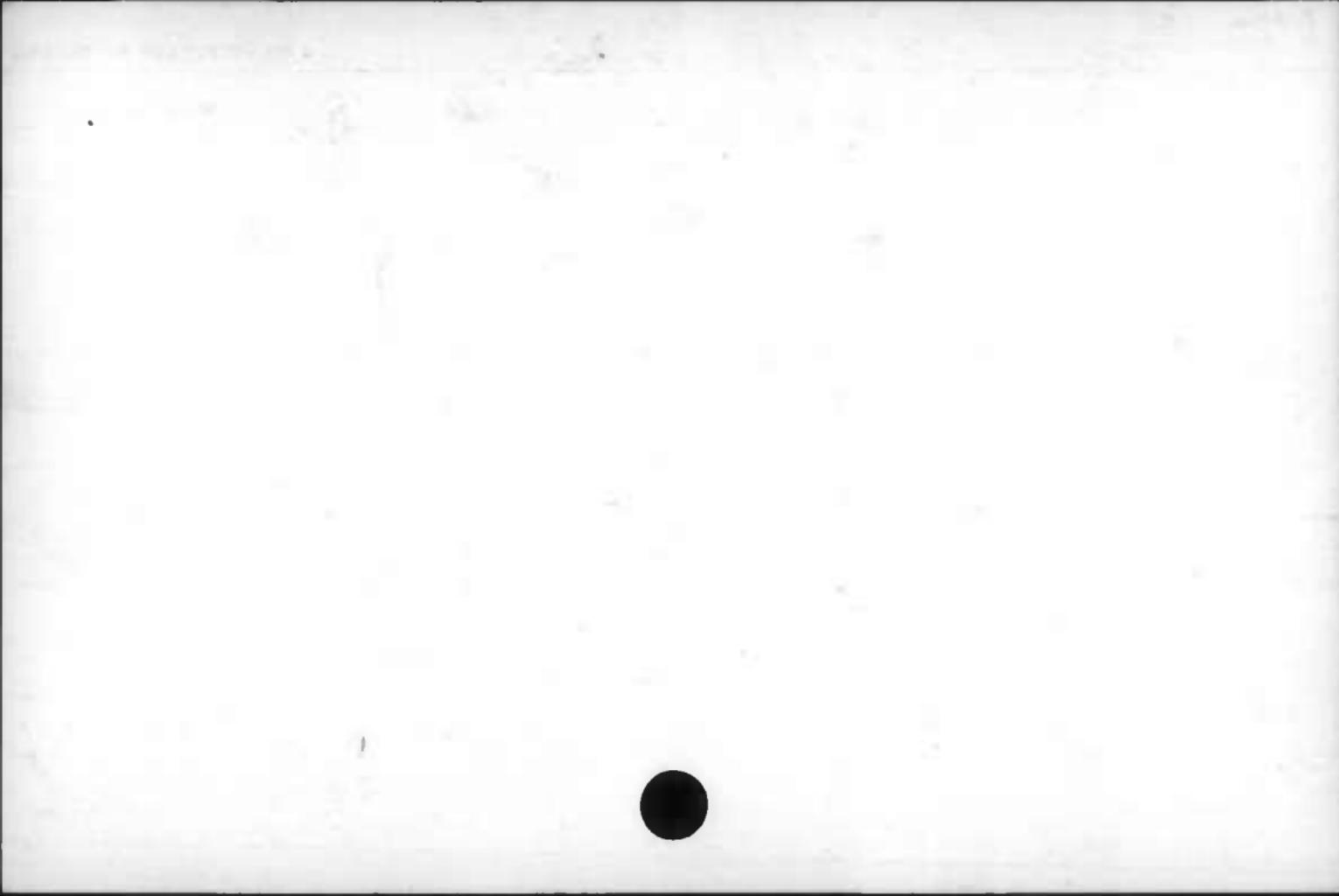
Address

Dr. W. Glaser

Beltsville town

4th District

Accident or Suicide



Name
in
Full

Child of Michael & Fannie Wahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month Oct	Day 3	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Balt Co	
Occupation	—			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Md	
Father's Name	Michael Wahl			Mother's Birthplace	England	
Mother's Maiden Name	Fannie Stoker			How related to deceased	Father	
Name of person giving information	Michael Wahl					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *abnormal Presentation*

(S)
Intrusion

Immediate *Pressure on Umbilical chord*

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr Joseph Bower

Address

Mt. Washington Md

Accident or Suicide?

St. Mary's Cemetery
Gravels Md

MARTIN FAHEY & SONS.

Funeral Directors & Embalmers.

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

Name
in
Full

Annie E. Weaver

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Kingsville		County Baltimore		MARYLAND	
Date of death 1908	Month Oct-	Day 2	Years ✓	Months 11	Days 6
Sex Female	Color or Race white	Birth-place Md			
Occupation ✓	Where Residing if not at place of death ✓				
Married, Single or Widowed ✓	Name of Wife or Husband ✓				
Father's Name Thos J. Weaver	Father's Birthplace Md				
Mother's Maiden Name Maggie Luigan	Mother's Birthplace Baltimore Md				
Name of person giving Information Thos J. Weaver	How related to deceased Father				

CAUSES OF DEATH

179

How long

6 hours

How long

2 weeks

Primary

Paroxysms

Immediate

Inflammation

Are the name, age, sex, color, date and place correctly given above?

JES

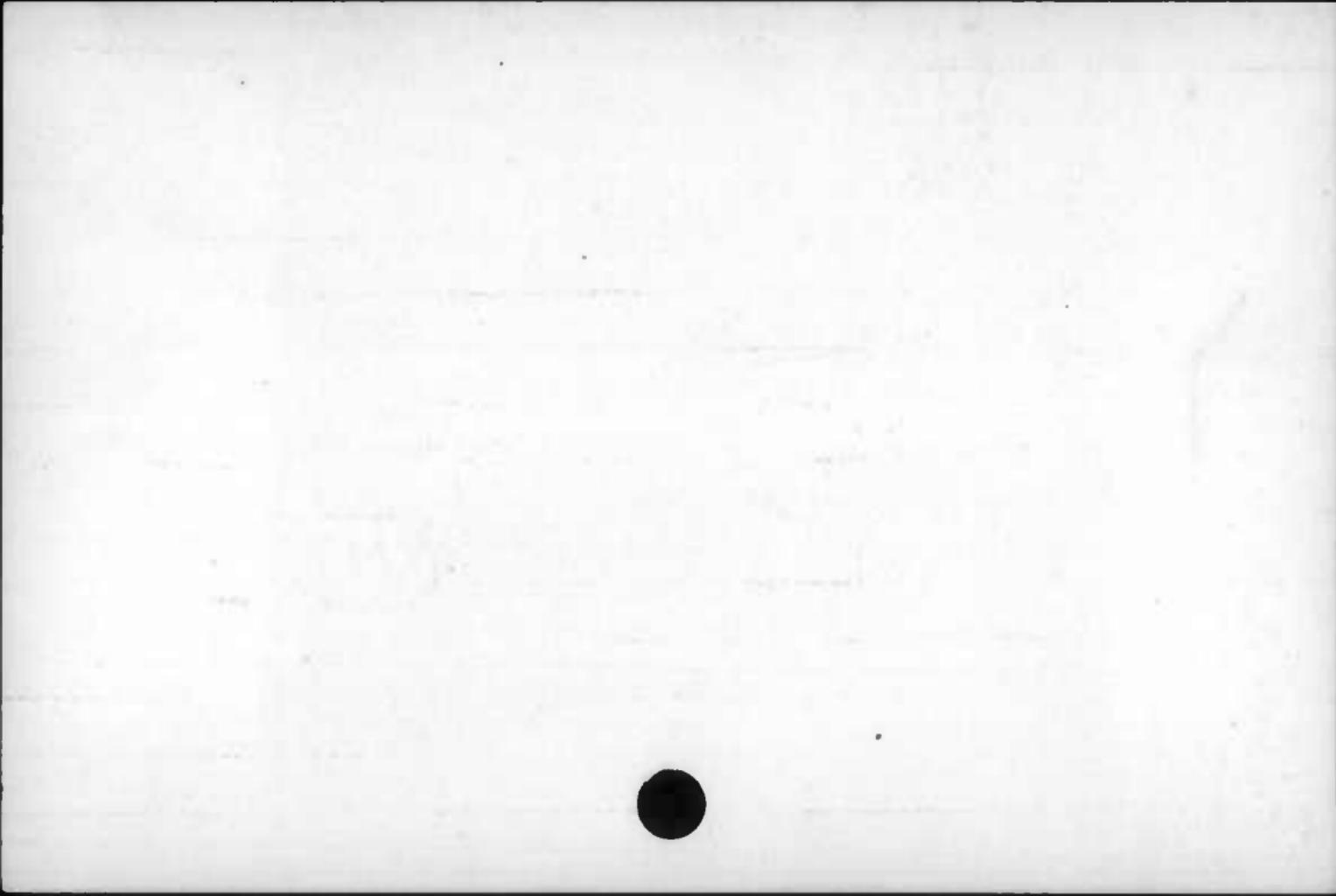
Signature of Physician

J. F. & Sonneb-

Address

Foxall Md -

Accident or Suicide?



Name
in
Full

Leo. A. Weaver

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Died at	Highland	Balto			
Date of death	1908	Month	23	Years	3
Age				Months	27
Sex	male	Color or Race	white	Birth-place	md
Occupation	—	Where Residing if not at place of death			—

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Jas A Weaver

Father's Birthplace

md

Mother's Maiden Name

Elizabeth Shooly

Mother's Birthplace

md

Name of person giving information

Jas A. Weaver

How related to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

4 day

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. S. Hazenway
1120 Highland Ave

Accident or Suicide?

no

Charly A. Gentry,
Rossville, Md.

Howard's Church
Rossville - Balto.
Oct. 25th 108 — Md.

Name
in
Full

Maria E. Heidinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month Oct	Day 3	Years	Months 1	Days 2	
Sex	Female	Color or Race	White		Birth-place	Baltimore, Md.	
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Geo. Heidinger				Father's Birthplace	Maryland	
Mother's Maiden Name	Margaret Froetschbeck				Mother's Birthplace	Germany	
Name of person giving Information	Margaret Heidinger				How related to deceased	Mother	

CAUSES OF DEATH

Primary
Gastric Enteritis

105

How long

12 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. V. O'Leary

Accident or Suicide?

Baltimore Cemetery

Oct 5/08

H. Sanders & Sons

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mari Whelan

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month Oct	Day 11	Years 19	Months 5	Days -
Sex	female	Color or Race	white	Birth-place	Woodstock	
Occupation	house	Where Residing if not at place of death			Scamp	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Thos Whelan			Father's Birthplace	Ireland	
Mother's Maiden Name	Katherine Cook			Mother's Birthplace	Md	
Name of person giving Information	Calib Bailey			How related to deceased	uncle	

CAUSES OF DEATH

29

Primary

Tubercular Peritonitis

How long

10 months

Immediate

Coma & Exhaustion

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

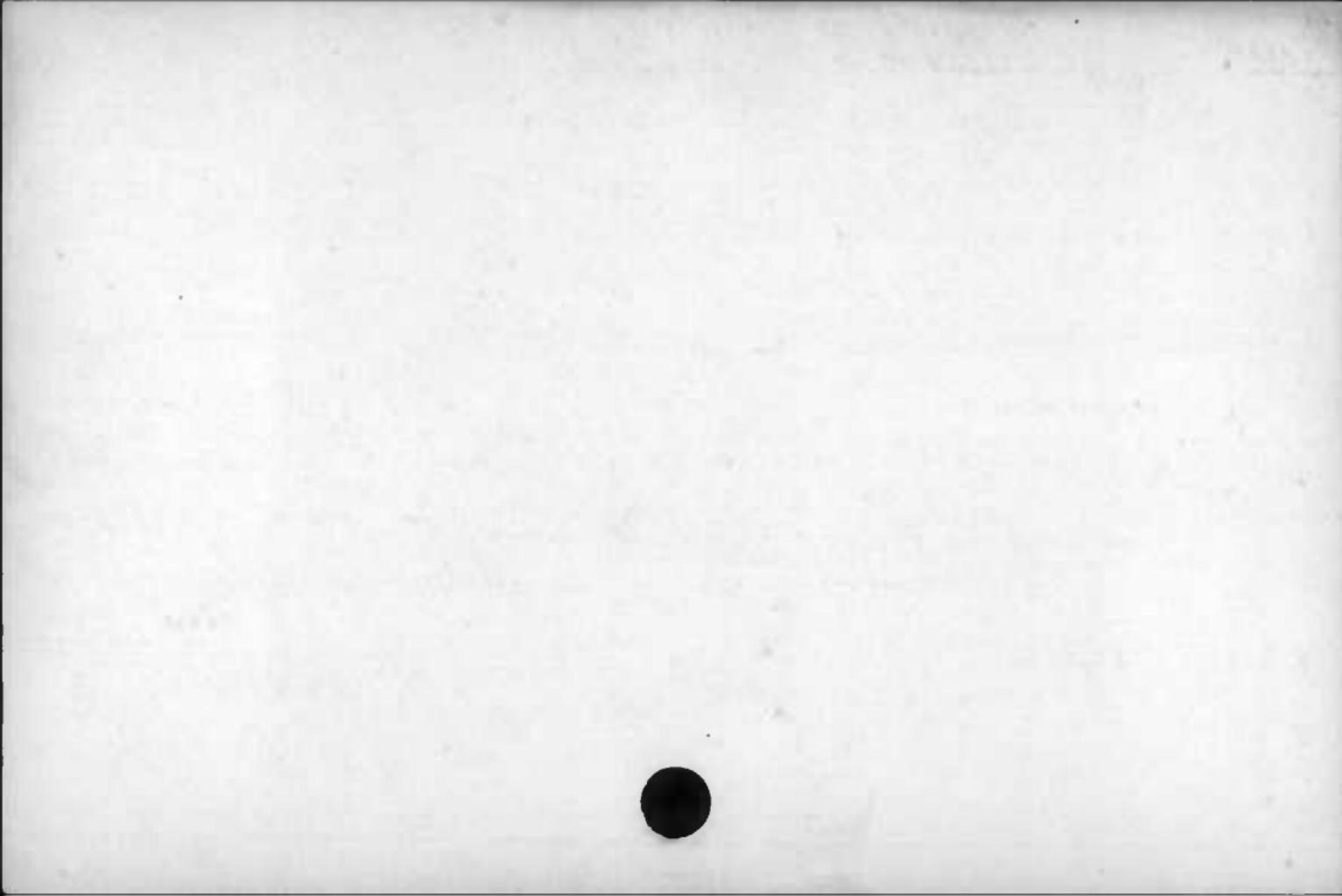
Signature of Physician

Address

H. C. Triplett and
Brands
2nd District and

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Nursen</u>		Town	County <u>Baltimore Co.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>1</u>	Age <u>5</u>	Years <u>5</u>	Months <u>6</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Buckysville</u>	<u>Md</u>	
Occupation <u>School</u>	Where Residing if not at place of death <u>Warren, Md</u>					
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>L</u>					
Father's Name <u>James Harry Williams</u>				Father's Birthplace <u>Warren Md</u>		
Mother's Maiden Name <u>John Elizabeth Williams</u>				Mother's Birthplace <u>Warren Md</u>		
Name of person giving information <u>James H. Williams</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

106

Primary <u>Gastro-Intestinal</u>	How long <u>1 week</u>
Immediate <u>Meningitis Simple</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <u>Dr. E. Benjamin</u> Address <u>Buckysville</u>
Accident or Suicide? <i>No</i>	<u>8th District</u> <u>Md 8</u>

Funeral at Copeland
Sunday 3rd

W. C. Brooks

Name
in
Full

Arnold Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908 Oct	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				Spannous Point	
Married, Single or Widowed	Name of Wife or Husband				Spannous Point	
Father's Name	W Luther Wilson				Father's Birthplace	Va
Mother's Maiden Name	Virginia E. Bolden				Mother's Birthplace	Va
Name of person giving Information	Luther Wilson				How related to deceased	Father

CAUSES OF DEATH

151

How long

Primary Premature birth
Immediate Deficient heart action

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

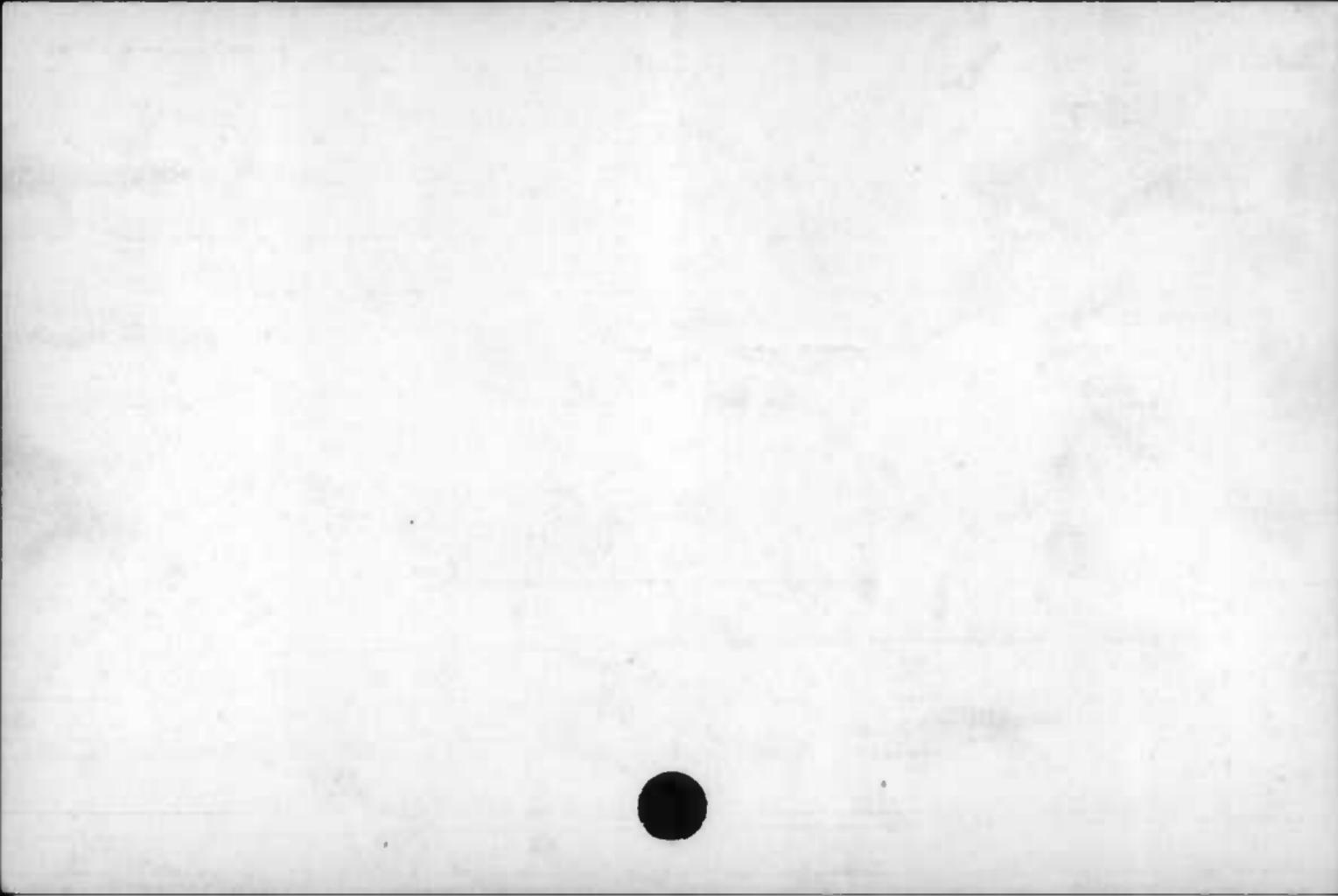
Signature of Physician

Address

Accident or Suicide?

no

G. L. McCormick MD
Spannous Point



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William D. Wimmler

CERTIFICATE OF DEATH

Died at Parkton		Town Parkton County Baltimore		MARYLAND		
Date of death 1908	Month 10	Day 11	Age 0	Years 0	Months 0	Days 8
Sex Male	Color or Race White	Birth-place Parkton Ind.				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name Peter Wimmler		Father's Birthplace Strawberry Pa				
Mother's Maiden Name Mary Tading		Mother's Birthplace Strawberry Pa				
Name of person giving information Peter Wimmler		How related to deceased Father				

CAUSES OF DEATH

71

How long

2 days

How long

24 hrs

Primary

Infantile Convulsions

Immediate

Soma + Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr D W Rush

Address

Hampstead

Accident or Suicide?

Ind 6

Name
in
Full

Betty Woestmann

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County				
Died at	Baltimore				
Date of death	Month	Day	Years	Months	Days
1908	October	13	67	5	1
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Francis Woestmann deceased	Father's Birthplace	Germany
Father's Name	J. Anton Herckhoff			Mother's Birthplace	Germany
Mother's Maiden Name	Lucie Herckhoff			How related to deceased	Daughter
Name of person giving information	Mrs Henry A Andrae				

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary

Hepatic Cirrhosis

How long

Some 2 years

Immediate

Aschenia

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Duncan Mac Leishon

1107 Madison Ave

Baltimore Md.

Accident or Suicide?

Stewart & Mowen Co
Funeral Directors
218 Park Av

for Interment in
Loudon Park Cemetery
October 15th 108.

Name
in
Full

~~David Wood~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St. Agnes Hospital Baltimore

MARYLAND

Date of death 1908 Month Oct. Day 26 Years 61 Months 1 Days 25-

Sex Male Color or Race White Birth-place City

Occupation Engineer Where Residing if not at place of death St. Agnes Hospital

Married, Single or Widowed Married Name of Wife or Husband Eliza Fisher wood

Father's Name David wood Father's Birthplace City

Mother's Maiden Name Jeanne Darnard Mother's Birthplace Comptown

Name of person giving information Eliza Fisher wood How related to deceased Wife

CAUSES OF DEATH

82

Primary Thrombosis of left iliac & femoral veins. How long 4 weeks

Immediate Decedent of lungs How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John Sandrock M.D.

Address St. Agnes Hospital

Accident or Suicide? None

PHYSICIAN
OR CORONER



Name
in
Full

Mortin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month Oct	Day 3	Age 90	Months 00	Days 00
Sex	Female		Color or Race	White		
Occupation	None		Where Residing if not at place of death Hobester			
Married, Single or Widowed	Single		Name of Wife or Husband	None		
Father's Name	Robert Wooton		Father's Birthplace Md.			
Mother's Maiden Name	Martha Gray		Mother's Birthplace Md.			
Name of person giving Information	Robert Wooton		How related to deceased Father			

CAUSES OF DEATH

(S)

How long

PHYSICIAN
OR CORONER

Primary

Still born

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

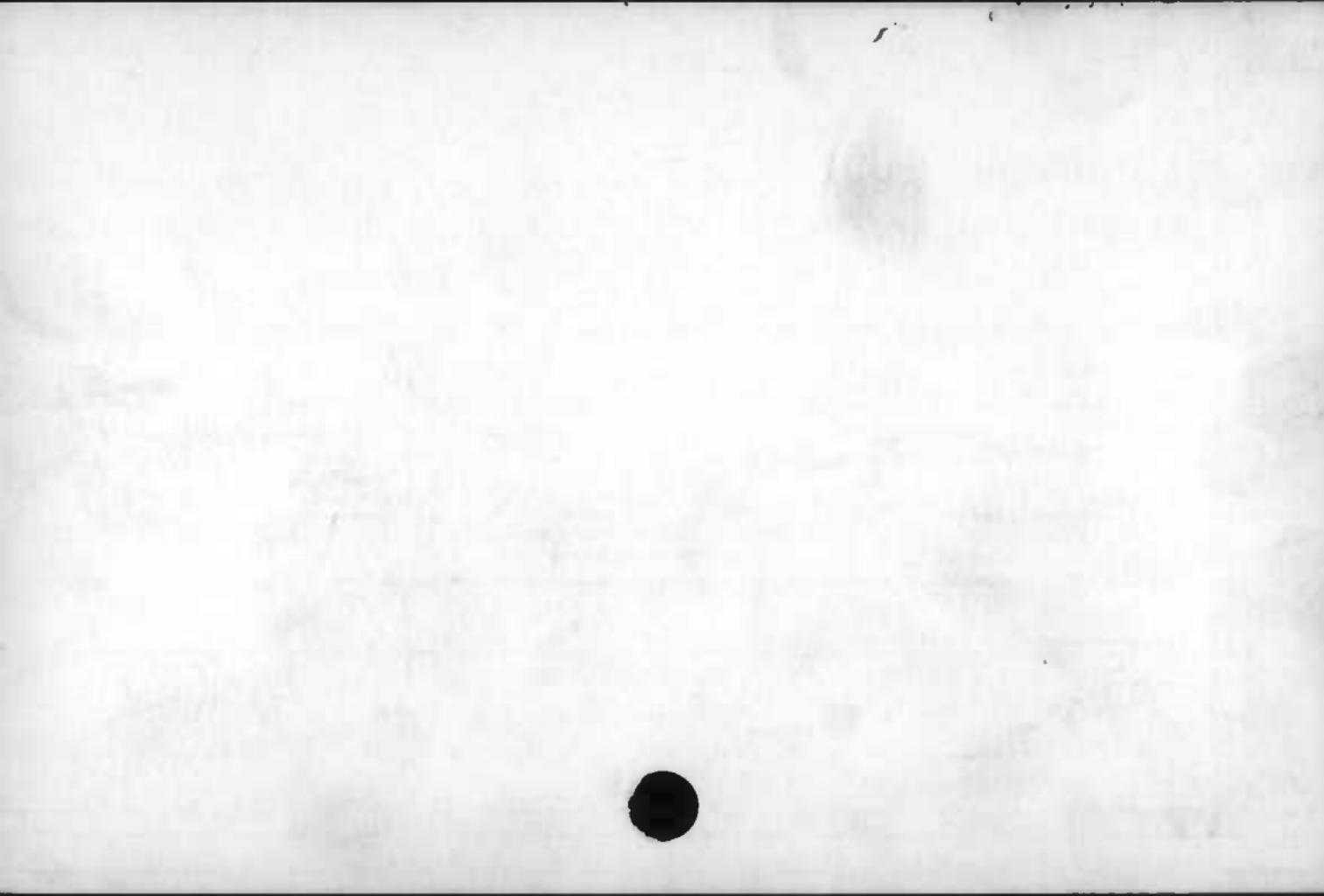
Yes

Signature of Physician

Address

M. M. B. Rogers
Illustrator, Inc.

Accident or Suicide?



Name
in
Full

Morris Beijannee Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Roland Park, Falls Road.		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	Oct	11	17	17	9	6	
Sex	Male	Color or Race	Revered		Birth-place	Baltimore	
Occupation	Student	Where Residing if not at place of death			Roland Park, Md.		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	William Young	Collected C.					
Mother's Maiden Name	Alice Brumley	Anne Arundel Co.					
Name of person giving information	Alice Young	How related to deceased					

CAUSES OF DEATH

27

How long

Primary

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Edw. Short, M.D.

Address

1331 Robt. St.

Accident or Suicide?

9th District Batt., Md. 9

N. S. Marshall
3539 Fall Road
Fairfield Cemetery
Oct. 13 - 1988

= Spathe Lane = Falls Road
north Cold Spring Lane

Funeral Oct 13

Name
in
Full

Charles P. Gieffe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month 10	Day 22	Age 50	Years	Months
Sex	Male	Color or Race	white	Birth-place	Baltimore Md	Days
Occupation	Cigar Master		Where Residing if not at place of death	25 S Calvert St		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Peter Gieffe		Father's Birthplace	Germany		
Mother's Maiden Name	Unknown		Mother's Birthplace	Germany		
Name of person giving information	William A. Gieffe		How related to deceased	Brother		

CAUSES OF DEATH

159

Primary

Shot Wound.

How long

Immediate

Immediate

in Head.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of
Physician

Address

August W. Miller Coroner
Mt. Washington
Baltimore Md

Accident or Suicide?

John Henry Brown
Baltimore
Cemetery

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Herbert Freshie Grinneman

CERTIFICATE OF DEATH

Died at <u>Luminae</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>31</u>	Years <u>21</u>	Age <u>21</u>	Months <u>8</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore, Md.</u>				
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Home</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>					
Father's Name <u>William H. Grinneman</u>	Father's Birthplace <u>Concord, N.H.</u>					
Mother's Maiden Name <u>Amelia Davis</u>	Mother's Birthplace <u>Baltimore, Md.</u>					
Name of person giving information <u>William H. Grinneman</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

104

Primary

Chronic Gastritis

How long

3 yrs

Immediate

General failure of life forces

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

George Benson
Rockysville
W. Va.

Accident or Suicide?

Funeral at Poplar
Cemetery Monday
Nov 2nd

W G Brooks

Name
in
Full

Matilda C. Gummka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
• NEAREST FRIEND

Diad at	Town	County	MARYLAND		
Date of death 1908	Month 10	Day 13	Years 65	Month	Day
Sax Female	Color or Race White	Birth-place Germany			
Occupation None	Where Residing if not et place of death Colomell St. & 7				
Married, Single or Widewad Widow	Name of Wife or Husband Adolph Gummka	Father's Birthplace Germany			
Father's Name Fred. Stoll	Mother's Birthplace Germany				
Mother's Maiden Name Unknown	How related to deceased Daughter				
Name of person giving Information Lorraine Jenkins					

CAUSES OF DEATH

120

How long

2 mo

Primary

Bright's Disease

How long

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Al Majes
320 Highland Av Saint

PHYSICIAN
OR CORONER

Accident or Suicide

MD

Trinity beam,

J. Hernig & Son

07/15/08

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Unknown.

CERTIFICATE OF DEATH

Died at <u>Keelin Sta</u> <u>Iowa</u> No By <u>Saintmine</u> County					MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>21</u>	Age <u>About 30</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Not Known</u>				
Occupation <u>Not Known</u>	Where Residing if not at place of death <u>Not Known</u>					
Married, Single or Widowed <u>Not Known</u>	Name of Wife or Husband <u>(?) Not Known</u>					
Father's Name <u>Not Known</u>	Father's Birthplace <u>Not Known</u>					
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>1901</u>					
Name of person giving Information <u>Wm. J. Todd</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

166

How long

How long

Primary

Supposed to have fallen from a moving freight

Immediate

Coroner's Jury verdict: "Accidental" strain

Are the name, age, sex, color, date and place correctly given above?

(?)

Signature of Physician

Address

William J. Todd
Washington D.C.

Accident or Suicide?

Baldo County Alvin's
House Curr

John Burns Sonz